

UVA CENTER FOR RESEARCH IN REPRODUCTION

LIGAND ASSAY & ANALYSIS CORE LABORATORY -3675 Fax: (434) 982-0701 Email: LigandCo

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Request Form – "B USER – Fertility and Infertility Branch Supported Centers"

Responsible PI (please	print)		
Responsible PI Signati	ire		
Responsible PI E-Mail	Address		
Institution / Center Na	me		
NIH Grant Number _		(no work will be started without	this number)
Contact Phone Numbe	er		
Investigator Requestin	g Service (if different from abo	ve)	
Requesting Investigato	or E-Mail Address	**********	
**************************************	*****************	**********	
	Please check one		
	Direct Bill (check or c PO# (please provide PO#	redit card) at time of sample submission)	

Date Samples Shipped			
		(one test per request form)	
When ordering a Mult	iplex or an ELISA test, indi	icate in the Special Instructions section b	elow whether
specific groups of sam	ples should be kept together	during assay.	
Number of Samples			
Do any of the samples	s contain Biohazardous and	or Chemical Hazardous agents? YES_	<i>NO</i>
If YES, complete and		or Chemical Hazardous Agents disclosur	
on our website.			
**Samples will not be	run until these questions ar		
		Run samples as:	
Source of Samples:		singlet	[]
(please check one)		duplicate	[]
	Human	other	[]
	*Tissue Homogenate	dilution(s) requested	[]
	Cell Culture Media	what dilution	on?
*If investigator expects a dilutions performed on a	ssay values to be high, it is recom	mended that they request preliminary	
If sample volume does n	ot allow sample(s) to be run undi	luted, do you want the sample(s) run at a dilution	n? YES NO
SPECIAL INSTRUCT		,	
		D LIGE ONLY	• • • • • • • • • • • • • • • • • • • •
Data complex received	FOR CENTE		
Date samples received. Date testing completed		Tech initials Date results sent	
_			
No FDF with shipment of s	nt of samples/FDF on file amples or on file/FDF requested		
Bill For			
Billing Keterence Number_		 -	