



UVA CENTER FOR RESEARCH IN REPRODUCTION

LIGAND ASSAY & ANALYSIS CORE LABORATORY

Phone: (434) 982-3675

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Request Form - "C USER - INTERNAL UVA USER"

Responsible PI (please print) _____

Responsible PI Signature _____

Responsible PI E-Mail Address _____

Institution / Center Name _____

Contact Phone Number _____

Investigator Requesting Service (if different from above) _____

Requesting Investigator E-Mail Address _____

PLEASE PROVIDE PTAO INFORMATION FOR PAYMENT:

P _____ T _____ A _____ O _____

Date Samples Shipped _____

Requested Test _____ (one test per request form)

When ordering a Multiplex or an ELISA test, indicate in the Special Instructions section below whether specific groups of samples should be kept together during assay.

Number of Samples _____

Do any of the samples contain Biohazardous and/or Chemical Hazardous agents? YES ___ NO ___

If YES, complete and submit Biohazardous and/or Chemical Hazardous Agents disclosure form, found on our website.

**Samples will not be run until these questions are answered by investigator.

Source of Samples: _____ Mouse
(please check one) _____ Rat
_____ Human
_____ *Tissue Homogenate _____
_____ Cell Culture Media _____

Run samples as:
singlet []
duplicate []
other []
dilution(s) requested []
what dilution? _____

*If investigator expects assay values to be high, it is recommended that they request preliminary dilutions performed on at least a few samples.

If sample volume does not allow sample(s) to be run undiluted, do you want the sample(s) run at a dilution? YES__ NO__

SPECIAL INSTRUCTIONS:

FOR CENTER USE ONLY

Date samples received _____ Tech initials _____

Date testing completed _____ Date results sent _____

Bill For _____

Billing Reference Number _____