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.

Run samples as:

Run samples as:

Source of Samples:  _____Mouse
(please check one)  _____Rat
_____Human

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

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

Source of Samples:  _____Mouse
(please check one)  _____Rat
_____Human

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

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

SPECIAL INSTRUCTIONS:

FOR CENTER USE ONLY

Date samples received _____________________________
Tech initials ___________________________________

Date testing completed ___________________________
Date results sent _____________________________

Bill For __________________________________________
Billing Reference Number_________________________________