



LIGAND ASSAY & ANALYSIS CORE LABORATORY

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Request Form – “B USER – Fertility and Infertility Branch Supported Centers”

Responsible PI (please print) _____

Responsible PI Signature _____

Responsible PI E-Mail Address _____

Institution / Center Name _____

NIH Grant Number _____ (no work will be started without this number)

Contact Phone Number _____

Investigator Requesting Service (if different from above) _____

Requesting Investigator E-Mail Address _____

METHOD OF PAYMENT:

Please check one

____ Direct Bill (check or credit card)

____ PO# (please provide PO# at time of sample submission) _____

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___ For Mouse/Rat AMH, declare SEX of animals ___F ___M

SPECIAL INSTRUCTIONS:

FOR CENTER USE ONLY

Date samples received _____ Tech initials _____

Date testing completed _____ Date results sent _____

FDF Included with shipment of samples/FDF on file _____

No FDF with shipment of samples or on file/FDF requested on _____

Bill For _____

Billing Reference Number _____