



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 WORKTAG INFORMATION FOR PAYMENT:

Designated/Grant/Gift: \_\_\_\_\_ Fund: \_\_\_\_\_ Function: \_\_\_\_\_ Cost Center: \_\_\_\_\_

\*\*\*\*\*

Date Samples Delivered \_\_\_\_\_

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 \_\_\_\_\_ 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 delivery of samples/FDF on file \_\_\_\_\_

Bill For \_\_\_\_\_

Billing Reference Number \_\_\_\_\_