



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 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.

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:

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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 _____