



LIGAND ASSAY & ANALYSIS CORE LABORATORY

Phone: (434) 982-3675

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Request Form - "C USER - EXTERNAL 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 _____

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
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 _____