



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 \_\_\_\_\_

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PLEASE PROVIDE WORKTAG INFORMATION FOR PAYMENT:

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

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

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

Bill For \_\_\_\_\_
Billing Reference Number \_\_\_\_\_