



PHARMACOLOGY CORE FACILITY
Request for Analytical/Biochemical Analysis

PI _____ Today's Date _____

Data Manager _____ Phone _____ Email _____

Nurse _____ Phone _____ Email _____

Protocol Name _____
Protocol IRB# _____
Protocol Sponsor _____
Account Name _____
Acct. Administrator _____

Type of Sample Human Tissue Human Blood
 Human Plasma Human Urine

Number of Patients Expected: _____ Number of Samples/Patient: _____

Pickup of sample required? Yes No Location: _____

Any special requirements for handling? (If yes, please explain.)

Pharmacology Referral Form? Yes No
Lymphocyte Isolation Required? Yes No
Plasma/Serum Isolation Required? Yes No
DNA Isolation Required? Yes No
RNA Isolation Required? Yes No
DNA Enzymatic digestion required? Yes No

Drug(s) to assay? Yes No *Drug/metabolite:
Biochemical Assay(s)? Yes No *Assay:

Samples run: Once Duplicate Triplicate

Batch samples? Yes No

OR

Run immediately? (Biochemical) Yes No

Samples sent to 3rd party Yes No
Send immediately? Yes No

Address: _____