

**Radioimmunoassay and Biomarker Core**

**SERVICE REQUEST FORM**

**Instructions:**

Please enter all requested information in the space provided on both the service request form and the invoice. When the forms are completed, obtain the appropriate signatures and the 26-digit account number. Submit all documents to The Smilow Center for Translational Research 12th Floor, SCTR 12-183 with a sample. If you have questions, please contact Heather Collins or the Core staff at Tel: 215-898-4368.

PRINCIPAL INVESTIGATOR _____	REQUESTOR _____								
DEPARTMENT _____	DEPARTMENT _____								
ADDRESS/Mail Code _____	ADDRESS/Mail Code _____								
TELEPHONE _____	TELEPHONE _____								
FAX _____	FAX _____								
EMAIL _____	EMAIL _____								
PROJECT TITLE _____									
FUNDING SOURCE _____									
GRANT (ID) NUMBER _____									
IACUC PROTOCOL # _____									
IRB PROTOCOL # _____									
STUDY REQUESTED _____									
ACCOUNT # (26-Digits)	<table border="0" style="margin-left: auto; margin-right: auto;"> <tr> <td style="border-top: 1px solid black; width: 10%;">CNAC</td> <td style="border-top: 1px solid black; width: 10%;">ORG</td> <td style="border-top: 1px solid black; width: 10%;">BC</td> <td style="border-top: 1px solid black; width: 10%;">FUND</td> <td style="border-top: 1px solid black; width: 10%; text-align: center;"><b>5340</b></td> <td style="border-top: 1px solid black; width: 10%;">OBJ</td> <td style="border-top: 1px solid black; width: 10%;">PROG</td> <td style="border-top: 1px solid black; width: 10%;">CREF</td> </tr> </table>	CNAC	ORG	BC	FUND	<b>5340</b>	OBJ	PROG	CREF
CNAC	ORG	BC	FUND	<b>5340</b>	OBJ	PROG	CREF		

**EXPIRATION DATE** \_\_\_\_\_

BUSINESS ADMINISTRATOR _____	ADDRESS/Mail Code _____
TELEPHONE _____ FAX _____	EMAIL _____

**AUTHORIZATION SIGNATURES**

**Requestor** - Your signature indicates that you are affiliated with the lab identified above and that any services provided by the Radioimmunoassay and Biomarker Core are for the project named above.

**Principle Investigator** - You agree to acknowledge the Diabetes Research Center (NIH DK 19525) and the services of the Radioimmunoassay and Biomarker Core in any ensuing research publications.

\_\_\_\_\_  
(Signature) (Date)

\_\_\_\_\_  
(Signature) (Date)

**Business Administrator** - You agree that the account information is correct.

\_\_\_\_\_  
(Signature) (Date)

**\*NOTE\***  
**Attach sheet with sample numbers**