

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 615 Clinical Research Building (CRB) with 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="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>CNAC</td> <td>ORG</td> <td>BC</td> <td>FUND</td> <td style="text-align: center;">5340</td> <td>PROG</td> <td>CREF</td> </tr> </table>	CNAC	ORG	BC	FUND	5340	PROG	CREF
CNAC	ORG	BC	FUND	5340	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 and Endocrinology 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

Radioimmunoassay and Biomarker Core

INVOICE

DATE: _____
 LAB: _____ FAX #: _____
 PHONE: _____ EMAIL: _____

Grant/Fund # (26 COA): _____ - _____ - _____ - _____ - **5340** - _____ - _____
CNAC ORG BC Fund Object Code Prog CREF

Title of Project/Grant #: _____

Business Administrator: _____ Phone#: _____

Request cannot be processed without account # information for Cost Recovery

Researchers note: Please remember to acknowledge the Diabetes Endocrinology Research Center grant (P30 DK19525) and the services of the RIA/Biomarkers Core in any ensuing research publications.

<u>Service</u>	<u>Unit Price</u>		<u>Quantity</u>	<u>Total Price</u>
	<u>DERC Charge/Tube (\$)</u>	<u>Non-DERC Charge/Tube (\$)</u>		
<u>Assay</u>				
Rat Insulin	1.00	1.25	_____	_____
Human Insulin	2.25	2.75	_____	_____
Glucagon	2.25	2.75	_____	_____
Human Cpeptide	2.25	2.75	_____	_____
Rat Insulin Elisa	5.25	8.00	_____	_____
Special RIA/EIA Assays	2.25+ kit	6.00 + kit	_____	_____
<i>Other:</i>				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			Total:	_____

Contact: Heather Collins, Ph.D. (Technical Director)
 615 Clinical Research Building (CRB)
 415 Curie Boulevard

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 Fax: 215-898-2178
 hwc@mail.med.upenn.edu