

## LIGAND ASSAY & ANALYSIS CORE LABORATORY Fax: (434) 982-0701 Email: Li

Phone: (434) 982-3675

Email: LigandCore@virginia.edu

## Request Form – "C USER – EXTERNAL USER"

Responsible PI (please print)				
Responsible PI Signature				
Responsible PI E-Mail Address				
Institution / Center Name				_
FAX Number (for faxing results)				
Contact Phone Number				
Investigator Requesting Service (if differe	nt from above)			
Requesting Investigator E-Mail Address				
*********	******	*******	*****	***
METHOD OF PAYMENT:				
Please check one				
Direct Bill	(check or credit care	d)		
PO# (please	provide PO# at time of	sample submission)		
**********	******	*******	*****	****
Date Samples Shipped				
Requested Test	(or	ne test per request form)		
*** IF ORDERING MULTIPLEX TESTING, AMH, M DISCUSS NUMBER OF SAMPLES AND SAMPLE GF	ROUPS	OR INHIBIN-B, PLEASE CONTACT	LABORA	TORY TO
Number of Samples		Run samples as:		
Source of Samples: **Mouse		singlet	ſ	1
Source of Samples:**Mouse (please check one)**Rat		duplicate	i	i
, Human		other	i	i
	genate		i	í
	ledia		-	•
*If investigator expects assay values to be high				
dilutions performed on at least a few sample				
**For female Mouse and Rat Progesterone requ will be run at 1:5 dilutions)	ests, are animalsIntac	t femalesP4 treated (th	ese sam	ples
If sample volume does not allow sample(s) to	be run undiluted, do vou w	ant the sample(s) run at a diluti	on? YES	S NO
SPECIAL INSTRUCTIONS:	be run ununucu, uo you w	ant the sample(s) run at a unat	011. 123	
SI ECIAL INSTRUCTIONS.				
FOR C	ENTER USE ONLY		•••••	•••••
		ch initials		
Date samples received Date testing completed	Date resu	lts sent		
FDF Included with shipment of samples,				
No FDF with shipment of samples or on				
Bill For				
Billing Reference Number				