

LABORATORY WORK REQUEST FORM

| | | | |
|--|--|---------------------------------------|--|
| Date: | | Submitted by: | |
| Investigator (PI): | | Extension: | |
| Grant #: <i>Internal users</i> | | PO #: <i>External users</i> | |
| CRS Study Number: | | Patient ID & Time Point | |

I certify that I have the authorization to request the work outlined in this document and that the account number provided above may be used to pay for services associated with this request.

Signature:

| Service | | Number of Samples | Project Notes |
|--------------------------|---------------------------------|-------------------|---------------|
| <input type="checkbox"/> | Blood processing | | |
| <input type="checkbox"/> | ELISPOT plate reading | | |
| <input type="checkbox"/> | ELISA | | |
| <input type="checkbox"/> | Seahorse | | |
| <input type="checkbox"/> | Sample Acquisition Helios/CyTOF | | |
| <input type="checkbox"/> | IMC | | |
| <input type="checkbox"/> | Cytobank Software | | |
| <input type="checkbox"/> | ICS | | |
| <input type="checkbox"/> | Custom project | | |

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<http://www.roswellpark.edu/shared-resources/immune-analysis>

IASR STAFF ONLY**Received by:****Comment:****Signature:****Contact for more information:**Courtney Ryan: Courtney.Ryan@RoswellPark.orgPer Basse: Per.Basse@RoswellPark.orgYuwen Zhang: Yuwen.Zhang@RoswellPark.org (CyTOF technician)Wei Luo: Wei.Luo@RoswellPark.org (CyTOF technician)<http://www.roswellpark.edu/shared-resources/immune-analysis>