

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 Sample	Project Notes
<input type="checkbox"/>	Blood processing		
<input type="checkbox"/>	ELISPOT plate reading		
<input type="checkbox"/>	ELISA		
<input type="checkbox"/>	Sample Acquisition Helios/CyTOF		
<input type="checkbox"/>	Cytobank Software		
<input type="checkbox"/>	ICS		
<input type="checkbox"/>	Custom project		

IAF STAFF ONLY

Received by:

Contact or for more information:

Junko Matsuzaki: Junko.Matsuzaki@RoswellPark.org

Kathrine Collins: Katherine.collins@RoswellPark.org

Colin King: Colin.king@RoswellPark.org

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



CENTER FOR IMMUNOTHERAPY

Immune Analysis Facility

Comment:	
Signature:	

Contact or for more information:

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