



# Genetics Laboratories



## Contract Research Project Test Form

**\*\*Prices arranged on an individual basis\*\***

Principal Investigator \_\_\_\_\_

Institutional Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact telephone number \_\_\_\_\_ Contact e-mail address \_\_\_\_\_

NIH grant funded project (circle) YES NO Grant# \_\_\_\_\_

Information on sample for analysis:

Species of origin (i.e. human, mouse) \_\_\_\_\_

Sample type (i.e. fibroblasts, plasma) \_\_\_\_\_

Estimated number of samples/batches \_\_\_\_\_

Desired turnaround time \_\_\_\_\_

If using human samples, is this study IRB approved (circle) YES NO

Institution the IRB is approved through \_\_\_\_\_

IRB study number \_\_\_\_\_

Please give a brief description of your project \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Requested assay(s)** (see clinical test list); we also offer phospholipid analysis and TCA intermediates analysis on a research basis (please enquire re: pricing)

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