Wake Forest University Baptist
MEDICAL CENTER
When choosing the best means the most.

Hypertension Core Lab
Hypertension and Vascular
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New Protocol
Information Request Form

Investigator:_____
Contact Person:_____
Department:_____
Institution:_____
Address:_____
Phone:_____
Date: ___/___/___
Title of Project:_____
_____

Questions: (Fill in or circle choice)

1) Species:
   A) Human B) Rat C) Mouse D) Monkey E) Dog F) other _____

2) Type of Assays requested: _____
   _____

3) Specimen type:
   A) Plasma B) Serum C) Urine D) Tissue E) Other_____

4) When will samples be sent? ___/___/___

5) When are the results needed? ___/___/___
   Assays will be done dependent upon the laboratory priorities.
   Routine turn-around of results is 6-8 weeks.

6) When are assays to be done?

A) As they are received

B) Grouped and not done until advised by investigator.

Provide grouping scheme in the sample list information

7) To receive results electronically, provide email address

_____

8) What is the approximate number of samples/test that are to be done?

_____

9) Test requirements:

A) Duplicates B) Single test (due to limitation of sample volume).

10) For intramural projects, provide grant or account number

_____

For extramural projects, provide address where bill should be sent.

_____

_____

_____

11) For extramural projects a Material Transfer Agreement will be required. Provide this information so that the Material Transfer Agreement can be filled.

Provider Scientist:

_____

Organization/Institution:

_____

Address:

_____

Contract Contact Name: _____ Email:

_____

Phone: _____ Fax: _____

Signature of investigator_____

Note: if assays kits are ordered at the request of an investigator and the investigator then withdraws the request for assays to be done, the investigators will be responsible for the cost of the kits.