



USER REQUEST FORM

(Soluble Protein Multiplex Assays)

Date of Request _____
 Requester Name: _____ email: _____ Phone: _____

Billing Information

Contact Person: _____ email: _____ Phone: _____
 Principal Investigator: _____ email: _____ Grant #: _____
 Company Name: _____
 Billing Address: _____

Sample Information:

Number of Samples: _____
 Sample Species: Human Mouse Other (please specify) _____
 Type of Sample : Serum Plasma Tissue Culture Medium
 Other (please specify) _____

NOTE: Culture supernatants and plasma are acceptable. Contact laboratory for feasibility of running other fluids.
CULTURE MEDIUM: Please provide 3ml of virgin medium used in culture (for single plate).
BLOOD: Plasma Na EDTA is preferred. Keep cold (on ice) until separated. Freeze at -20° C or lower as soon as possible.
PREFERRED SAMPLE SUBMISSION: 200 µL

Please List Desired Analytes:

1 _____	11 _____	21 _____	31 _____	41 _____
2 _____	12 _____	22 _____	32 _____	42 _____
3 _____	13 _____	23 _____	33 _____	43 _____
4 _____	14 _____	24 _____	34 _____	44 _____
5 _____	15 _____	25 _____	35 _____	45 _____
6 _____	16 _____	26 _____	36 _____	46 _____
7 _____	17 _____	27 _____	37 _____	47 _____
8 _____	18 _____	28 _____	38 _____	48 _____
9 _____	19 _____	29 _____	39 _____	49 _____
10 _____	20 _____	30 _____	40 _____	50 _____

For any questions, please contact:

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