

ASSAY REQUEST FORM**Researcher's Contact Information**

Experimental data will be e-mail, faxed and mailed. Therefore, please provide complete addresses and fax number.

Name: _____ e-mail address: _____

Mailing address: _____

Phone: _____ Fax: _____

Billing Information:

Please provide the following information in order to process your samples.

P.O. Number: _____ Billing Address: _____

or _____

Credit Card _____

Number: _____ Please circle: MasterCard VISA American Express

Expiration date: _____ Name (as appears on card): _____

BioPAL Products Used:

Please circle all products used in the experiment.

Cardiovascular Probes: Renal Functional Probes: Hepatic Functional Probes: Gastrointestinal Probes:

Accu JECT ™	Albumin	Asialofetuin	Albumin
Albumin	Renal Flow ™	ASFGOLD ™	GITrack ™
Microspheres	Renal RATE ™	Bile Track ™	GIPermeability ™
STER spheres™	Renal Sieve ™	Lipoprotein	
Blood Cell Labeling Kits		PolyGalactose GOLD ™	
Other: _____		RESGOLD ™	

Isotopic Labels Used:

Please circle all isotopic labels used in the experiment. If different products are used in the same experimental subject, please be such that the labels used are appropriate.

Antimony	Europium	Gold	Hafnium	Holmium	Iridium	Lanthanum
Lutetium	Rhenium	Samarium	Scandium	Terbium	Tungsten	Ytterbium

Experimental Information:

Please provide all the following information. Incomplete or incorrect information may result in a delay in obtaining your results or may result in potential errors in assaying your samples.

Experimental Subject Identification: _____

Number of Samples: Blood - 20 ml vials: _____ 4 ml vials: _____ 2 ml vials: _____

Tissue - 20 ml vials: _____ 4 ml vials: _____ 2 ml vials: _____

Animal Model Used (i.e., mice, rat, pig, etc.): _____

Assay Services:

Our standard assay service provides the total number of disintegrations per minute (dpm) measured in each sample for each corresponding isotopic label. As outlined in our catalog, BioPAL can provide additional assay support. Please check off any additional services you require.

Standard Assay Service (dpm): _____ Sample Archiving Service: _____

Short Enhanced Assay Service: _____
(Customers MUST consult BioPAL first)

Glomerular Filtration Rate (ml/min): _____

Long Enhanced Assay Service: _____
(Customers MUST consult BioPAL first)

Intestinal Transit (geometric center): _____

Blood Flow Calculation (ml/min/g): _____
(Customers MUST consult BioPAL first)Sample Return Service: _____
(Customers MUST consult BioPAL first)

