***Comprehensive Metabolic Core***

Service Request Form

Please fill out the form and the table for the services you need. The NUcore Facilities Billing System requires these details to complete the account set-up.

**Name of PI: Phone:**

**Name of Person Requesting: Phone:**

**Email:**

**Lab Address and Building:**

**Department of PI (no abbreviation, please):**

**Grant (or project) title:**

**Chart Strings Number:**

**Chart Strings expiration date:**

*Table 1 (for ELISA, Luminex, RIA, Roche Cobas e411 and Spectrophotometry services)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Assay Name  (Mouse Insulin etc.) | Sample Type  (mouse serum, plasma etc.) | Assay Method (ELISA, Luminex, Using Luminex machine) | No. of Samples | |
| Single | Duplicate |
|  |  |  |  |  |
|  |  |  |  |  |

*Table 2 (for TSE service)*

|  |  |  |
| --- | --- | --- |
| Type of Services | Number of Animals | Duration of Service |
|  |  |  |
|  |  |  |

**PI’s Signature:**

**Date:**

Received date:

It is important to properly acknowledge the CMC in your publications. Acknowledgement helps us

demonstrate our contribution to the NU research community, and helps our efforts to secure continued

funding, acquire more instruments and provide new services.

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