

Pharmacokinetics / Pharmacodynamics Shared Resource

For a service quote/consultation please complete and email to:

New Brunswick
Hongxia Lin, Ph.D.
PKPD Specialist
Email: linho@cinj.rutgers.edu
Tel: 732-235-7211

Service Request Form	
PRINCIPAL INVESTIGATOR INFORMATION	
Principal Investigator (PI):	
Institution: <input type="checkbox"/> Rutgers Univ. <input type="checkbox"/> Princeton Univ. <input type="checkbox"/> Other:	
Department:	
Telephone:	Email:
REQUESTOR INFORMATION <i>(if different from PI)</i>	
Requestor:	
Telephone:	Email:
PI MEMBERSHIP STATUS	
<input type="checkbox"/> CINJ Full Member <input type="checkbox"/> CINJ Associate Member <input type="checkbox"/> Academic (non-CINJ member) <input type="checkbox"/> Other	
PROJECT INFORMATION	
Project Description:	
Protocol Title and Number:	
RESEARCH RELATED APPROVALS	
IRB Approval # :	IRB Approval Date:
SAMPLE INFORMATION	
<input type="checkbox"/> Blood	# of samples: Amount: <input type="checkbox"/> ml <input type="checkbox"/> mg Human: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Plasma	# of samples: Amount: <input type="checkbox"/> ml <input type="checkbox"/> mg Human: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Serum	# of samples: Amount: <input type="checkbox"/> ml <input type="checkbox"/> mg Human: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Urine	# of samples: Amount: <input type="checkbox"/> ml <input type="checkbox"/> mg Human: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Tissue	# of samples: Amount: <input type="checkbox"/> ml <input type="checkbox"/> mg Human: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other , please specify:	
	# of samples: Amount: <input type="checkbox"/> ml <input type="checkbox"/> mg Human: <input type="checkbox"/> Yes <input type="checkbox"/> No
SERVICE INFORMATION	
<input type="checkbox"/> Quantification of Active	<input type="checkbox"/> Western Blot
<input type="checkbox"/> Quantification of Metabolite	<input type="checkbox"/> ELISA ASSAY
<input type="checkbox"/> Method Development	
Please provide any deadlines relevant to this service:	

Continued on next page...

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Service Request Form <i>(continued)</i>		
Special handling instructions / additional comments:		
RESPONSIBLE PARTY BILLING INFORMATION		
Banner Index # :	RIAS PO # :	External PO # :
Funding Agency:	Grant # :	
Responsible Party: <input type="checkbox"/> PI <input type="checkbox"/> Other, please specify:		
Business Manager:		
Telephone:	Email:	
SIGNATURES		
PI Signature:	Date:	
Requestor Signature:	Date:	

Disclaimer: Quoted fees are best estimates for requested service.
Actual cost will be determined at completion of service.

FOR OFFICE USE ONLY	
Received by:	Date Received:
Service Start Date:	Service End Date:
Estimated Cost:	Actual Cost: