



Immunoassay and xCELLigence Service Request Form

1000 Veteran Avenue, Room A-311
Los Angeles, CA 90095-1735
Phone: (310) 206-6204

Please submit by e-mail to prao@mednet.ucla.edu prior to delivering your samples.

INVESTIGATOR INFORMATION		
Principal Investigator:	Phone:	Email:
Institution/Department:	Dept. Code	
Street Address:		
City:	State:	Zip Code:
Research Coordinator:	Phone:	Email:
BILLING INFORMATION		
Department Name:	Department Code:	
Contact Person for Billing:	Billing Phone:	
Recharge ID (4-Characters):	Grant & Fund Acct #:	Fund Period (mo/yr-mo/yr):

EXPERIMENTAL INFORMATION	
Date of Request:	Project IRB#:
Project Name and Description:	
Immunoassay Selected :	
Luminex assays:	
<input type="checkbox"/> Human 38-plex cytokine/chemokine (HCYTMAG-60K-Px38)	
<input type="checkbox"/> Human 30-plex cytokine/chemokine (HCYTMAG-60K-Px30)	
<input type="checkbox"/> Human 25-plex Th17 (HT17MG-14K-PX25)	
<input type="checkbox"/> Human 14-plex Metabolic Hormone (HMHMAG-34K)	
<input type="checkbox"/> Human 11-plex AKT/mTOR signaling (48-611MAG)	
<input type="checkbox"/> Mouse 32-plex cytokine/chemokine (MCYTMAG-70K-PX32)	
<input type="checkbox"/> Mouse 25-plex cytokine/chemokine (MCYTMAG-70K-PMX)	
<input type="checkbox"/> Mouse 25-plex Th17 (MT17MAG47K-PX25)	
<input type="checkbox"/> Rat 27-plex cytokine/chemokine (RECYMAG65K27PMX)	
ELISA assays:	
<input type="checkbox"/> BAFF	<input type="checkbox"/> IL-33R (ST2)
<input type="checkbox"/> HMGB1	<input type="checkbox"/> Galectin-3
Non-HLA antibody identification:	
<input type="checkbox"/> anti-At1R	
xCELLigence:	
<input type="checkbox"/> Tumor specific cytotoxic T lymphocyte or NK cell Killing assay	
<input type="checkbox"/> Cell signaling induced cell proliferation and/or proliferation inhibition assay	
<input type="checkbox"/> Customer cell proliferation and cytotoxic assay	
<input type="checkbox"/> Other assays (fill in below the kit name, including vendor and catalog number):	
Other comments:	

