

Immune Assessment Core

Immunoassay and xCELLigence Service Request Form

1000 Veteran Avenue, Room A-538
Los Angeles, CA 90095-1735
Phone: (310) 794-8932

Please submit by e-mail to mcappelletti@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 21-plex high sensitivity T cell (HSTCMAG28SPMX21) <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 <input type="checkbox"/> BDNF <input type="checkbox"/> IGF-1 <input type="checkbox"/> VEGF <input type="checkbox"/> TGF-b1 <input type="checkbox"/> Prolactin 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"/> Simoa (fill in below the kit name, including vendor and catalog number): <hr/> Other comments:	

Please fill out sample information on this page

IAC Immunoassay Service Request Form (Rev 08/25/25)