

Project ID: _____



GCC CENTER FOR COMPREHENSIVE
PK/PD & FORMULATION

GCC Center for Comprehensive PK/PD & Formulation (CCPF)

Bioanalysis Service Request Form	
PRINCIPAL INVESTIGATOR INFORMATION	
Principal Investigator (PI):	
Institution:	
Department:	
Telephone:	Email:
REQUESTOR INFORMATION <i>(if different from PI)</i>	
Requestor:	
Telephone:	Email:
PROJECT TITLE	
SERVICE REQUESTED: Please select the service(s) and complete the <u>General Product Information Form</u> and/or <u>Biological Sample Information Form</u> :	
Items	Note
Identification and quantification of drugs in biological matrix by LC-MS/MS, method development and validation	
Identification and quantification of drug metabolites in biological matrix by LC-MS/MS, method development and validation	
SIGNATURES	
PI Signature:	Date:
Requestor Signature:	Date:

Disclaimer 1: Quoted fees are best estimates for requested service. Actual cost will be determined at completion of service.

Disclaimer 2: Publication(s) and presentation(s) of data resulted from this service are required to acknowledge CPRIT grant (RP180748) and CCPF investigators.

Project ID: _____



GCC CENTER FOR COMPREHENSIVE
PK/PD & FORMULATION

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