Project ID: _____

GCC CENTER FOR COMPREHENSIVE
PK/PD & FORMULATION

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

Microsome/S9 fraction-mediated Drug Metabolism Service Request Form	
PRINCIPAL INVESTIGATOR INFORMATION	
Principal Investigator (PI):	
Institution:	
Department:	
Telephone:	Email:
REQUESTOR INFORMATION *(if different from PI)*	
Requestor:	
Telephone:	Email:
PROJECT TITLE	
SERVICE(S) REQUESTED: Please select the service(s) and complete the General Product Information Form:	
Items	Details Request
Species/Strains difference	
Enzyme isoform specificity	
Organ specificity	
Drug-drug interaction	
Kinetics	
Others	
SIGNATURES	
PI Signature:	Date:
Requestor Signature:	Date:

GCC CENTER FOR COMPREHENSIVE
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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.

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