Project ID: _____

GCC CENTER FOR COMPREHENSIVE
PK/PD & FORMULATION

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

Pharmacokinetics (PK) Service Request Form	
PRINCIPAL INVESTIGATOR INFORMATION	
Principal Investigator (PI):	
Institution:	
Department:	
Telephone:	Email:
REQUESTOR INFORMATION *(if different from PI)*	
Requestor:	
Telephone:	Email:
PROJECT TITLE	
RESEARCH RELATED APPROVALS	
IRB Approval # :	IRB Approval Date:
IACUC Approval #:	IACUC Approval Date:
SERVICE(S) REQUESTED: Please select the service(s) and complete the General Product Information Form:	
Items	Note
PK studies in ☐ rats ☐ mice Please indicate model type if it is needed: Administration by ☐ IV ☐ Oral ☐ SC ☐ Other	
Dose linearity PK studies	
Bioavailability studies	
PK studies on Tissue distribution	
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.

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