

RADIOIMMUNOASSAY LAB, DEPARTMENT OF PHYSIOLOGY, UMC
SAMPLE WORKSHEET

ASSAY DESIRED _____

INVESTIGATOR _____

PPG Project # _____ or Grant # (if not PPG) _____

SAMPLE TYPE (Circle 1):
urine; serum; heparinized plasma; EDTA plasma;
other (specify) _____

SPECIES: Human, Dog, etc. _____ Rack ID _____; page ____ of ____ pages

ISOTOPEs in samples (Specify-eg: 125I-iothalamate) _____

ASSAY LAB USE ONLY

page ____ of ____ pages

date received _____

date assayed _____

ASSAY LAB USE ONLY	INVESTIGATOR's SAMPLE ID	COMMENTS
_____ 1	Leave Blank	_____
_____ 2		_____
_____ 3		_____
_____ 4		_____
_____ 5		_____
_____ 6		_____
_____ 7		_____
_____ 8		_____
_____ 9		_____
_____ 0		_____
_____ 1	Leave Blank	_____
_____ 2		_____
_____ 3		_____
_____ 4		_____
_____ 5		_____
_____ 6		_____
_____ 7		_____
_____ 8		_____
_____ 9		_____
_____ 0		_____

- Notes:
1. Samples must be arranged on rack in order listed above.
 2. This worksheet will NOT be returned to you. You should keep a copy.
 3. Separate worksheets are required for each assay.
 4. If possible, please indicate samples apt to have high (off-scale) values.