

**SAMPLE WORKSHEET
VET AXCEL CHEMISTRY ANALYZER**

PI Name _____ Department _____

Funding Source: PPG _____ COBRE _____ Grant # _____

Assays Requested: _____

Sample Type (circle one): Serum Plasma Urine Species: _____

Calculated Sample Need: _____ Dead Volume Included: _____

Samples must be arranged on rack in order listed below. Samples can NOT contain radioisotopes.
Indicate if samples apt to have high (off scale) values. Keep a copy of this worksheet for your own records.

Assay Lab Only	Sample ID	Volume	Comments
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____
11	_____	_____	_____
12	_____	_____	_____
13	_____	_____	_____
14	_____	_____	_____
15	_____	_____	_____

ASSAY LAB ONLY

Date Received: _____

Date Assayed: _____

Page _____ of _____ Pages

**Required
Dead Volume:
(For calculated
sample need)**

10 µl
(for <150 µl)

60 µl
(for >150 µl)