

AHSB Clinical & Translational Research Center

Protocol:

Anschutz Health Science Building CTRC
1890 N. Revere Ct., AHSB Bldg, Room 6110, B-141
Aurora, Colorado 80045

Place Patient Label Here

Core Laboratory Request Form

Principal Investigator: _____

Division: _____

<u>BLOOD</u>	<u>URINE</u>	Start Date/Time: _____
Collection Date: _____	Collected By: _____	End Date/Time: _____
Collection Time: _____		Volume: _____

Visit:

Contact info: _____

(Complete visit number)

(Mark number of tubes of included)

PID: _____

- _____ Red
- _____ Purple
- _____ Gold
- _____ Blue
- _____ Green
- _____ Grey
- _____ Red w/yellow rim
- _____ Purple w/white rim
- _____ Urine

Timepoints: _____

Same day shipment

Lab use only:

Number of collection tubes: _____

Number of aliquots: _____

Number of slides: _____

Number of centrifugations: _____