

# Clinical Pharmacology Lab

## Analytical Service Request Form

**Phone:** (334) 844-7187  
**Fax:** (334) 844-7188  
**Email:** clinpharm@auburn.edu

Lab Use Only:	
Project#	
Date Received:	
Date Quoted:	
Rate Quoted:	
Date Reported:	

**Billing/Mailing Address**  
 Clinical Pharmacology Lab  
 212 Greene Hall  
 Auburn University, AL 36849

**Shipping Address**  
 Clinical Pharmacology Lab  
 1500 Wire Rd  
 Auburn University, AL 36849

Contact Information		
Contact Name:		
Principal Investigator:		
Institution:		
Address:		
City:	State:	Zip:
Phone:		
Fax:		
Email:		

Please provide as much information as possible, not all necessarily required:
Drug Name:
Chemical Name:
CAS Number:
Metabolites needing to be measured (if any):
Expected Concentration Range:
Estimated Number of Samples:
Species:
Type of sample (ex: serum, plasma, saline):
Expected Sample Submission Date:
Desired Report Date:
Data Analysis Required: Yes/No If yes, type of analysis:
Post-Analysis Sample Storage conditions:
Post-Analysis Sample Storage time:
Special Needs/Additional Comments:

**\*Please note, if required, the following services will increase turn-around time and cost:  
 Assay Development/Validation, Data Analysis, Long-term Sample Storage ( > 3 months post-analysis).**