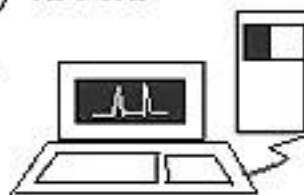


Facility Core 5: Analytical Instrumentation



SERVICE REQUEST FORM

P.I. or Center Member: _____

Requested by: _____ Authorized Signature: _____

*"I certify that I am authorized to sign on this account,
and to the best of my knowledge, funds are available."*

Phone: _____ Fax: _____ E-mail: _____

Grant Number: _____ Account Number: _____

Is this a Center related request? _____

State if this an NIEHS Center Pilot Project request. _____

If this is a Center related request, please state how this is relevant to the Center. (Project or Grant title acceptable.)

Research Core Affiliation: _____

Number of samples: 1. 8-oxo-dG or neurotransmitter level determination _____
2. chemical, protein molecular weight determination _____
3. in gel protein digestion and identification _____

Quarter Allotment: _____ Amount Charged to Center: _____

Amount Charged to P.I. Grant: _____

Work or Result Received by: _____

Date In: _____ Date Out: _____

A BRIEF CONSULTATION WITH THE SERVICE CORE PERSONNEL IS REQUIRED.

A GRANT NUMBER IS REQUIRED FOR EVERY REQUEST.