

Research Institute at ACHE

Core Facilities Service Request Form

1. Requestor Information

Full Name:

Title/Position:

Organization/Institution:

Department:

Email Address:

Phone Number:

Type of Requestor:

- ACHE Internal Investigator
 - Academic Partner
 - Industry/Corporate Partner
 - Government/Nonprofit
 - Other: _____
-

2. Core Facility Selection

Please select the core facility(ies) you wish to access:

- Center for Rehabilitation & Exercise Medicine
 - Center for Advanced Flow Cytometry
 - Center for Advanced Histology
 - Center for Advanced Mass Spectrometry & Multi-Omics
 - Center for Advanced Microscopy
 - Center for Functional Genomics & Protein Sciences
-

3. Project Overview

Project Title:

Brief Description (150–300 words):

(Include objectives, hypothesis, and expected outcomes)

Project Type:

- Pilot Study
- Sponsored Research

- Contract Service
 - Method Development
 - Clinical/Translational Study
 - Other: _____
-

4. Scope of Work

Services Requested:

(Select all that apply)

- Experimental design consultation
- Sample processing
- Data acquisition
- Data analysis
- Method development/optimization
- Training on instrumentation
- Full-service project support

Detailed Description of Requested Work:

(Include specific assays, techniques, or instrumentation needed)

5. Sample Information

Sample Type:

- Cells
- Tissue
- Blood/Serum/Plasma
- DNA/RNA
- Protein
- Other: _____

Number of Samples:

Sample Volume/Quantity:

Biosafety Level (if applicable):

- BSL-1 BSL-2 BSL-3 Unknown

Hazards (if applicable):

- Infectious
- Chemical

- Radioactive
 - None
-

6. Timeline & Priority

Desired Start Date:

Project Deadline:

Priority Level:

- Standard
- High Priority
- Urgent (Justification required)

Deadline Justification (if urgent):

7. Funding & Billing Information

Funding Source:

- Grant
- Institutional Funds
- Industry Sponsored
- Other: _____

Billing Contact Name:

Billing Email:

Purchase Order (if applicable):

8. Regulatory & Compliance

(Required for applicable projects)

- IRB Approval (Human Subjects) – Approval # _____
 - IACUC Approval (Animal Studies) – Approval # _____
 - Biosafety Approval – Approval # _____
 - Not Applicable
-

9. Data & Deliverables

Expected Deliverables:

- Raw Data
- Processed Data
- Statistical Analysis
- Final Report
- Publication-Ready Figures

Data Sharing Preferences:

- Internal Use Only
 - Collaborative Publication
 - Confidential/Restricted
-

10. Additional Information

Special Requirements or Notes:

11. Terms & Acknowledgment

By submitting this request, you acknowledge that:

- All services are subject to core facility availability and technical feasibility
- A cost estimate and project timeline will be provided prior to project initiation
- Projects may require a service agreement or MOU
- Compliance approvals must be in place before work begins

Signature: _____

Date: _____