**Study Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Study Title |   |  Brief Title |   |
| Funding Source |  |  Est. start date |   | Est. end date  |  |
| HRPO # |   | CARS # |  |  Is PI a Diabetes Research Center Member?\* |   |
| Grant Agency and # |  |
| PI |   |  Dept/Division  |  | Box |   |
| PI E-Mail |  |  PI Phone |  |  PI FAX  |  |
| PI Institutional Address if not WU |  |
| Coordinator  |  | Pager  |   | Phone  |  |
| E-mail |  | FAX |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Send results to |   | PI  |  | Coordinator |

**\*Diabetes Research Center (DRC) members must acknowledge the DRC (NIH P30 DK020579) in any publications or NIH applications.**

**Billing Information** Billing will be done through an online interdepartmental order or IDO; paper copies of the invoices will be sent to the individual designated below.

Normal billing includes the number of tests reported for each analyte, unit cost and total cost. Do you want

|  |  |
| --- | --- |
| additional billing detail by patient? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Submit Invoices to |  | Dept/Division |  |
| Campus Box |  | Dept Billing # |  | Account Charged |  |
| Billing E-mail |  | Billing Phone |  | Billing FAX |  |

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| --- | --- | --- | --- | --- | --- |
| Samples are human |  | animal |  | If animal, state species |  |

**Requested Testing**

|  |  |  |  |
| --- | --- | --- | --- |
| Test | No. of Subjects | No. of Visits |  Total No. of Tests |
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Send completed form electronically to Licia Rowe at lrowe@dom.wustl.edu or call CLCS Customer Service at

314-362-3522.