Biobehavioral Oncology Facility Assay Request

PI / Laboratory _____ **Date**_____
Study Name _____
Contact Person (Name and Phone Number)_____

Assay	Sample Type (P)lasma, (S)erum, (U)rine, (Sa)liva (C)ells (D)na	Tube Identifiers	Number of Tubes
Analyte Assays			
Catecholamines			
Cytokines [(1)]			
Cortisol			
Creatinine			
Electrolytes			
Cotinine / OH-Cotinine / Nicotine			
Oxidative Stress Assays			
8-OHdG			
Alkaline Comet			
γH_2AX (Confocal)			
Telomeres			
Telomerase Activity			
Telomere Length			
Viral Antibodies[(2)]			
Other[(3)]			

(1) Cytokine(s) (ELISA or MSD) to be measured _____

(2) Viral Antibodies to be tested _____

(3) Other analytes to be measured _____