



**TASC (Translational Applications Service Center)**

Stanford University School of Medicine  
300 Pasteur Drive  
Grant Building, S-107  
Stanford, CA 94305-5110  
TEL: 650-736-1285

## Service Request Form

Today's Date: \_\_\_\_\_

Requester's Name: \_\_\_\_\_

Requester's Email/Phone \_\_\_\_\_

Department/Institution: \_\_\_\_\_

PI's Name: \_\_\_\_\_

Requester's Administrator Name/E-mail: \_\_\_\_\_

Account (PTA) #: \_\_\_\_\_

Check All That Apply:  TRAM  DOM  Internal Stanford User  External User

**I. SPENDING LIMIT or ESTIMATED PRICE FOR SERVICES:**

SERVICE DESCRIPTION	PRICE EACH	NUMBER OF UNITS	TOTAL PRICE (\$)

Customer Pays: \$ \_\_\_\_\_

TASC Pays: \$ \_\_\_\_\_

GRAND TOTAL CUSTOMER: \$ \_\_\_\_\_

In placing this order, the customer agrees to pay the above service charges.

\_\_\_\_\_  
Requestor's Name (Printed), Signature and Date

\_\_\_\_\_  
Joanna Liliental (TASC Director), Signature and Date

**II. SERVICE DETAILS:**

**a. (SAMPLE PROCESSING):**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Blood Processing (PBMC)                        | <input type="checkbox"/> Blood Processing (Buffy Coat) | <input type="checkbox"/> Biobanking/cryopreservation    |
| <input type="checkbox"/> DNA or <input type="checkbox"/> RNA Extraction | <input type="checkbox"/> FNA Processing                | <input type="checkbox"/> Sample pickup/delivery courier |
| <input type="checkbox"/> Protein Extraction                             | <input type="checkbox"/> Tissue homogenization         | <input type="checkbox"/> Other (please, describe below) |

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**b. (NANO-IMMUNOASSAY):**

Title of Project: \_\_\_\_\_

# of Samples: \_\_\_\_\_

Antibodies (please, list):  
\_\_\_\_\_  
\_\_\_\_\_

Amplification:  Yes  No

**For Internal Use**

# of Cycles: \_\_\_\_\_

Capillaries: \_\_\_\_\_

Labor Hours: \_\_\_\_\_