

University Hospitals Laboratory Services

Research Requisition Request Form

GENERAL INFORMATION

Study Short Name: _____

Physician Name: _____

Contact Person & Phone: _____

Fax #: _____

Address to send Req(s): _____

REPORTS

Report type: Final reports only _____

Interim and Final reports _____

BILLING INFORMATION

PTAEO: _____

NIH/Federally Funded Grant? Y N

Z Requisition- TESTS REQUESTED

Q Requisition- TESTS REQUESTED

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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