



Proteomics International

REQUEST FORM 014

Lab Use

Pharmacokinetic Testing

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Lab Use Only:

Contact details	
Project Code Name	
Organisation/Sponsor	
Batch/Cohort Number	

Sample Information	
Sample Type: (e.g. plasma, urine)	Anti-Coagulant: (e.g. EDTA, citrate)
Receipt Condition: (e.g. dry ice, frozen, ambient)	Volume of Liquid Sample(s):
No. of Samples (n):	Sample Aliquot: (e.g. A or B)
Comments:	

Date Received		Sample Labeled Date	
Time Received		Primary Operator	
Storage Time		Second Checker	
Freezer ID/Location			
Special Considerations			

**(Please attach a physical copy of sample manifest
using template *T_PK Sample Manifest*)**

QA checked*		Date	
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*form completely filled in