



Proteomics International

REQUEST FORM 014

Lab Use

Pharmacokinetic Testing

PO Box 3008, Broadway, Nedlands 6009, Western Australia
Tel: +61 8 9389 1992 | Fax: +61 8 9389 1981
Email: info@proteomics.com.au | Web: www.proteomics.com.au
ABN 78 096 013 455

Contact details	
Name:	Organisation/Sponsor:
Quote Number/Sponsor Protocol:	Email:
	Telephone:
Site Protocol:	Batch/Cohort Number:

Sample Information	
Sample Type: (e.g. plasma)	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:	

Lab use only:

Date/Time Received	
Storage Time Storage Temperature Freezer ID/Location	
Special Considerations	

(Please attach sample manifest records with participant and time point details using template *T_PK Sample Manifest*)

Form checked*		Date	
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*form completely filled in