

**Washington University Diabetes Research Center
Mass Spectrometry Core**

REQUEST FOR SERVICES

Investigator:

Date of Request:

Email:

Campus Box:

Phone:

Fax:

Title of Project:

Hypothesis to be tested and relevance to diabetes:

Funding Source: Agency

Grant number:

Source of samples: Species

Tissue or fluid type:

Number of samples:

Are remaining samples needed back after study?

Yes

No

Please email completed form to:

David Scherrer, Mass Spectrometry Core Manager

Department of Medicine

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