



**Ship Samples To:**  
 AHDC Endocrinology Laboratory  
 240 Farrier Road, Ithaca, NY 14853  
 T: 607-253-3673 or 607-253-3593  
 F: 607-253-4213 or 607-253-3976

## Endocrinology Research Testing Service (ERTS) Sample Submission Form

**DO NOT ACCESSION**

Organization: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel. No: \_\_\_\_\_ Fax No. : \_\_\_\_\_

Study ID / Description: \_\_\_\_\_

\_\_\_\_\_  
 Contact Person email phone

\_\_\_\_\_  
 Investigator / Study Director email phone

### Billing Information

\_\_\_\_\_  
 Billing Contact email phone

#### Billing Address

Payment is due upon receipt of the final report (including test results). The AHDC accepts payment from AMEX, Discover, Master Card & VISA. Please call 607-253-3951 to pay by credit card. If paying by check, please make payable to Cornell University and mail to: P O Box 6491, Ithaca, NY 14851-6491

### Specimen Sample Information

**PLEASE include a list of sample I.D.'s with shipment**

Date & Approx. Time Shipped: \_\_\_\_\_ Courier used: \_\_\_\_\_

Number of Samples: \_\_\_\_\_ Species: \_\_\_\_\_ Vial Description: \_\_\_\_\_

Sample Type: \_\_\_\_\_ Condition when shipped: \_\_\_\_\_  
*(e.g. - serum, EDTA plasma, heparin plasma, etc.)* *(e.g. - frozen, chilled, other)*

Assay(s) requested: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

Sample Disposition After Testing:  Return  Discard

*(Samples can be returned upon request at the owner's expense.)*

**For lab use only:**

Job No. \_\_\_\_\_ Date Received: \_\_\_\_\_ Processed by: \_\_\_\_\_