



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: _____