

**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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