

Date of Submission:

Submitter Name:

## **Human Immune Monitoring Core Facility**

## **Initial Discussion Request Form**

HESS Ctr 5<sup>th</sup> FI Rm 310/313 New York, NY 10029 Tel: 212-824-9354

seunghee.kim-schulze@mssm.edu http://www.mssm.edu/immunemonitoring

Principal Investigator:

Department:

Em	ail address(print):				
Phone: Fund Acct #: (Required)					
Project Description					
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Aims:					
Spe	ecies:				
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Pie	ase check all applicable categories below.				
	Service Request	Please Check			
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1	Study Protocol Development	Flease Clieck			
2	Study Protocol Development Antigen Specific Cellular Assay (ELISPOT, ICS etc)	Flease Glieck			
3	Study Protocol Development Antigen Specific Cellular Assay (ELISPOT, ICS etc) Separation of Immune Subsets, enrichment	Flease Glieck			
2 3 4	Study Protocol Development Antigen Specific Cellular Assay (ELISPOT, ICS etc) Separation of Immune Subsets, enrichment Flow Cytometry	Flease Glieck			
2 3 4 5	Study Protocol Development Antigen Specific Cellular Assay (ELISPOT, ICS etc) Separation of Immune Subsets, enrichment Flow Cytometry CyTOF	Flease Glieck			
2 3 4 5 6	Study Protocol Development Antigen Specific Cellular Assay (ELISPOT, ICS etc) Separation of Immune Subsets, enrichment Flow Cytometry CyTOF TCRbeta Repertoire High Throughput Sequencing	Flease Glieck			
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## Please check all applicable categories below.

	Biospecimens	Please Check
1	Whole blood in various vacutainers	
2	Bone Marrow Biopsy, aspirates	
3	Tissues, fresh, frozen, RNAlater	
4	Serum, Plasma, cell culture supernatants	
5	Tempus RNA tube	
6	Paxgene DNA, RNA tube	
7	Frozen cell pellet	
8	Swaps for DNA. RNA isolation	
9	Swaps for microbiota DNA isolation	
10	Stool for microbiota DNA isolation	
11	Others	