DUKE CENTER FOR AIDS RESEARCH – CLINICAL CORE

Service Request Form

Requester: ________________________________ Date: ____________
Department/Division: ________________________________
Phone: (____) __________ E-mail: ____________________________

☐ Study Design Consultation _____________________________

☐ Study Feasibility including Subject Population __________________________

☐ Study Coordination _____________________________

☐ Regulatory Coordination _____________________________

☐ Specimen Identification and Procurement __________________________

☐ Other, please specify: ____________________________

Name of PI or Study Doctor: ____________________________
Name of study/project/grant: ____________________________

Other Information:
__________________________________________________
__________________________________________________

Please scan this form and e-mail it to stuart.carr@duke.edu We will respond to you as soon as possible.

Version date: 12/7/17