

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.