

CANCER AND HEMATOLOGY CENTERS

RTSS Service Form:

Laboratory Support

Date Click here to enter a date.		Email the completed form to	
Protocol Number		4RTSS@texaschildrens.org A member of the RTSS team will contact you to discuss your project in detail.	
Principal Investigator (PI) and Funding	Information	to discu	33 your project in actain.
Name		Title	
Phone	Email		
Lab Bldg/Room	Is PI faculty in Texas Children's Cancer and Hematology Centers? Choose an item.		
Department: Choose an item.			
Cost Center/Grant	Business Unit		Funding Source: TCH Non-TCH Other
Lab Manager			
Name	Email		
Phone	Pager		
Service Information			
Gas Delivery (mark all that apply):			
Type of Gas/No. of cylinders:	Size of Tank (LN2:180L, 230L; Others: Small,	, Large)	Own cylinder?
LN2			
Nitrogen			
CO2			
Oxygen			
Other:			
Rent A Bench Service (mark all that apply):			
Use of Large Centrifuge/hour	Use of Bend	h/ hour	
Use of Cytospin/ hour			
Use of microscope and capturing/hour			
Dry Ice			
Clinical Transition/Delivery			
Sample pick-up and delivery			
Established Cell Lines:			
Cell Line Name: Choose an item.	Other:	Date Re	equired: Click here to enter a date.
Size of Flask: Choose an item.		Numbe	r of Flasks:

Part of our process at RTSS is to serve you by having at least one meeting with the PI and/or the data managers at least one month prior to the protocol starting to be sure we are clear what RTSS will need to do to best serve your needs. When applying for a service, please send us this form, along with your protocol, and separate process and mailing protocols specifically for RTSS. Please feel free to call or email 4RTSS@texaschildrens.org to reach Laszlo Perlaky, Theresa Ty, Amy Walker, and Michael Scheurer if you need further help or to make an appointment with the team for protocol review.