

# IMMUNE MONITORING LAB CELLULAR ASSAYS WORK ORDER

Internal



Date/Time Received \_\_\_\_\_ Contact Name \_\_\_\_\_

Investigator \_\_\_\_\_ Contact Phone & Email \_\_\_\_\_

Project ID # \_\_\_\_\_ Contact Location \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Project Info \_\_\_\_\_

**Assay:**

**Standing Order:**

**Samples:**

**Notes:**

---

**For Resource Use**

Date/Time Started \_\_\_\_\_ Date/Time Completed \_\_\_\_\_

Charge Code	Description	UOM	Quantity
IMS10501	Assay Development	SUM	
IMS10502	Immunophenotyping	EA	
IMS10503	Immunoph – Expanded	HR	
IMS10511	Lymphoprolif Assay – Frozen	EA	
IMS10512	Lymphoprolif Assay – Fresh	EA	
IMS10521	Chromium Rel Assay – Frozen	EA	
IMS10522	Chromium Rel Assay – Fresh	EA	
IMS10531	Blood Processing	EA	
IMS10532	Blood Proc – CPT	EA	
IMS10561	Technician Time	HR	
IMS10562	Data Analysis	HR	
IMS10563	Consulting	HR	