

NUTRITION OBESITY RESEARCH CENTER

CHARGEBACK SHEET

METABOLOMICS SUBCORE

Core Director:	Dan Raftery	Phone:	206-543-9709	Date:	MM/DD/YY
Services Contact Name:	Dan Raftery	Fax:	206-616-4819		
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SECTION 1- TO BE FILLED BY SERVICE REQUESTER

UW NORC Affiliate Investigator (AI):	<input type="checkbox"/>	Name of AI:	
Non-UW NORC Affiliate Investigator (Non-AI):	<input type="checkbox"/>	Name of Non-AI:	
Requester Contact Info:		Fiscal/Grant Info:	
Service Requester's Name (if different from AI/Non-AI):		Budget Number for Billing:	
Address/UW Mailbox:		Budget Name:	
Phone:		Grant Title:	
Email:		Project Title	
Address/UW Mailbox:		(if different than Grant title):	
Technical/Fiscal Contact Name:		Grant Number:	
Address/UW Mailbox:		IACUC/IRB Approval number/s:	
Phone:		IACUC/IRB Approval date/s:	
Email:		IACUC/IRB PI:	

SECTION 2- TO BE FILLED BY SERVICE PROVIDER

Services Performed	Unit Price	Unit	Quantity	Subtotal
Global lipid profiling LC-MS	\$110	Sample		
Global profiling GC-MS	\$67	Sample		
Global profiling NMR	\$115	Sample		
Targeted analysis of 200 metabolites	\$95	Sample		
Targeted TCA	\$75	Sample		
Targeted glycolysis	\$75	Sample		
Targeted analysis of Bile Acids	\$75	Sample		
Sample Prep	\$12	Sample		
	Total:			

Service Dates (One Time/ Several Sets) and Species:

Service Date/s:	MM/DD/YY- MM/DD/YY				
# of Animals Per Set:					
Species:					
Total Period of Performance :	MM/DD/YY-MM/DD/YY				
Estimated Use and Comments:					