

**Primary Human Airway Epithelial Collection Request Form
CF@LANTA Experimental Models Support Core**

Please return completed request forms via email to Mike Koval (mhkoval@emory.edu)

Date Requested:	
Requestor:	
Institution:	
Telephone:	
E-mail:	
Protocol Title + Grant ID:	
SpeedType/PO#:	
Request notes:	

Genotype	Age Range/Sex/Characteristics	Type of Cell Preferred

Note: There is a \$75 fee for each patient request

Please return this form to Mike Koval (mhkoval@emory.edu)