



**NEIDL**

National Emerging  
Infectious Diseases  
Laboratories



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### **NEIDL-ARC-Service Request Form**

**Service request form number:**

**Date:**

**Requestor Information:**

**PI name:**

**email:**

**phone:**

**Institution and Department:**

**Project Title:**

**Please attach a project description that details the specific experiments and assays you would like the Insectary to perform, and in the order that they will be performed. Also, list each individual infectious agent including any variants/recombinants that will be used.**

**IBC approval Number:**

**RG2**

**RG3**

**Request of material for transporting from insectary to BSL- 2 labs (internal NEIDL Researchers only):**

**Type of material:**

**RG2**

**RG3**

**Request of material for transportation off site (type of material):**

**RNA samples**

**Frozen mosquitoes**

**Dissected organs**

**Not Applicable**

**Request of material for transporting to the NEIDL (type of material):**

**Mosquito eggs**

**Viruses**

**Cells**

**Not Applicable**