

**SERVICE REQUEST FORM FOR HUMAN PHENOTYPING CORE**

**HUMAN BODY COMPOSITION UNIT (BCU)  
NEW YORK OBESITY NUTRITION RESEARCH CENTER**

**PROJECT PI:** Last Name \_\_\_\_\_, First Name \_\_\_\_\_  
 Phone#: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**PROJECT TITLE:** \_\_\_\_\_  
 \_\_\_\_\_

**NUMBER OF SUBJECTS TO BE MEASURED:** \_\_\_\_\_; \_\_\_\_\_ M, \_\_\_\_\_ F  
**AGE RANGE:** \_\_\_\_ TO \_\_\_\_ **VISITS** (circle): Baseline / Follow-up 1 / Follow-up 2

Measurement	Type	Member	Academic Non-Member
<input type="checkbox"/> Anthropometrics	Tape measure & skinfold caliper		
<input type="checkbox"/>	Three Dimensional Photonic Scanner Circumference and Dimensions		
<input type="checkbox"/> BioImpedance Analysis (BIA)	Whole-body & Segmental		
<input type="checkbox"/> Dual-Energy X-Ray Absorptiometry (DXA)	<input type="checkbox"/> iDXA		
<input type="checkbox"/>	Total Body		
<input type="checkbox"/>	Lumbar AP Spine		
<input type="checkbox"/>	Femur		
<input type="checkbox"/>	Wrist		
<input type="checkbox"/> DXA Packages			
<input type="checkbox"/>	Two-region Scan		
<input type="checkbox"/>	Three-region Scan		
<input type="checkbox"/>	Four-region Scan		
<input type="checkbox"/> Extracellular Water (ECW) (via Bromine dilution)	Blood or Saliva		
<input type="checkbox"/> Total Body Water (TBW) (via Deuterium Dilution)	Blood or Saliva		
<input type="checkbox"/> Body Density/Volume			
<input type="checkbox"/>	Air-Displacement Plethysmography (Bod Pod)		
<input type="checkbox"/> Measurement gives both total body and regional	Three Dimensional Photonic Scan		
<input type="checkbox"/>	PeaPod Infant Body Volume		
<input type="checkbox"/> Quantitative Magnetic Resonance (QMR Echo Medical)	Total Body		
<input type="checkbox"/> Resting Metabolic Rate (RMR)			
<input type="checkbox"/>	TrueOne Metabolic Measuring System		

For inquiries or cost information, please contact [dg108@columbia.edu](mailto:dg108@columbia.edu).

Queries from industry sponsored users are welcome and should be sent to the director.

Users (study Principal Investigators) are responsible for obtaining IRB approval and/or informed consent. Copies of the approved protocol and informed consent must be submitted with this request form.