

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: _____ _____

FUNDING SOURCE:
User Type: Member Academic Non-member P&F

NUMBER OF SUBJECTS TO BE MEASURED: _____; _____M, _____F
AGE RANGE: ____ TO ____ VISITS (circle): <u>Baseline</u> / Follow-up 1 / Follow-up 2

Service	Measurement
<input type="checkbox"/> Anthropometrics	Tape measure & skinfold caliper <ul style="list-style-type: none"> • Circumferences and Skinfold thicknesses
<input type="checkbox"/> Bioelectrical Impedance Analysis (BIA)	Whole-body & Segmental <ul style="list-style-type: none"> • Fat and Fat-free mass • Total body Water
<input type="checkbox"/> Dual-Energy X-Ray Absorptiometry (DXA)	
<input type="checkbox"/> Total Body Scan	Total Body: <ul style="list-style-type: none"> • Fat mass and Fat-free mass • Bone Mineral Content
<input type="checkbox"/> Lumbar AP Spine	• Bone Mineral Content
<input type="checkbox"/> Femur	• Bone Mineral Content
<input type="checkbox"/> Wrist	• Bone Mineral Content
<input type="checkbox"/> DXA Packages	
<input type="checkbox"/> Two-region Scan	• Bone Mineral Content
<input type="checkbox"/> Three-region Scan	• Bone Mineral Content
<input type="checkbox"/> Four-region Scan	• Bone Mineral Content
<input type="checkbox"/> Bromine Dilution Technique (by blood or saliva)	• Extracellular Water (ECW)
<input type="checkbox"/> Deuterium Dilution Technique (by blood or saliva)	• Total Body Water (TBW)
<input type="checkbox"/> Body Density/Volume	
<input type="checkbox"/> Air-Displacement Plethysmography <ul style="list-style-type: none"> <input type="checkbox"/> Bod Pod--Adults <input type="checkbox"/> PeaPod--Infants 	<ul style="list-style-type: none"> • Body volume • Fat mass and Fat-free mass
<input type="checkbox"/> Three-Dimensional Photonic Scan	<ul style="list-style-type: none"> • Body volume • Total body and regional <ul style="list-style-type: none"> ○ Fat and Fat-free mass ○ Body surface area
<input type="checkbox"/> Quantitative Magnetic Resonance (QMR Echo Medical)	Total Body <ul style="list-style-type: none"> • Fat and Lean mass • Total body Water
<input type="checkbox"/> Energy Expenditure	
<input type="checkbox"/> Doubly-labeled Water (DLW) Technique	<ul style="list-style-type: none"> • Total energy expenditure in free-living • Total energy intake
<input type="checkbox"/> Actigraphy	<ul style="list-style-type: none"> • Physical activity in free-living conditions • Sleep
<input type="checkbox"/> Weight Stability Monitoring	<ul style="list-style-type: none"> • Daily weights via WiFi scale and Fitabase cloud monitoring

For inquiries or cost information, please contact 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.