

Date of Request: / / VICTR Funded ID Non-VICTR Funded ID
 Study ID # VR _____
 Study PI Last Name: Study PI First Name: _____
 Study Coordinator Last Name: Study Coord First Name: _____

QUOTE NEEDED FOR:

Body Composition Services

	Number of Subjects	Number of Times
Anthropometrics	_____	_____
BOD POD	_____	_____
CT Image Analysis	_____	_____
DXA	_____	_____
Skinfolds	_____	_____

Metabolic Services

	Number of Hours	Number of Subjects	Number of Times
Chamber	_____	_____	_____
Parvo Cart (REE)	_____	_____	_____
Bike V02 Max	_____	_____	_____
Bike V02 SubMax	_____	_____	_____
Treadmill V02 Max	_____	_____	_____
Treadmill V02 SubMax	_____	_____	_____

Diet & Nutrition Services

	Requirements	Number of Subjects	Number of Times
24-Hour Recall		_____	_____
Diet Instruction	kcal fat cho pro Na	_____	_____
Food Freq Questionnaire		_____	_____
Food Intake Assessment	B L D All	_____	_____
Food Intake Diary		_____	_____
Menu / Diet Development	kcal fat cho pro Na	_____	_____
Nutrient Analysis		_____	_____
Nutrition Counseling		_____	_____
Visual Analog Scales (hunger & appetite)		_____	_____

Metabolic Kitchen Meals

	Meal Type	Number of Subjects	Number of Times
Calorie or Nutrient Controlled Meal	B L D All	_____	_____
Weigh Back Meal	B L D All	_____	_____
Carry Out (Pick Up) Meal	B L D All	_____	_____
Post-Clamp Meal	B L D All	_____	_____
Standard Box Lunch		_____	_____
Standard Dinner Tray		_____	_____

Physical Activity Services

	Number of Subjects	Number of Times
Resistance Exercise Program	_____	_____
Aerobic Exercise Program	_____	_____

COMMENTS: _____