|  |  |  |  |
| --- | --- | --- | --- |
| PI Name: |  | Phone Number: |  |
| Submitter Name: |  | Email Address: |  |
| Fund Code(s): |  | Dept. of Neurology (Y/N): |  |
| Email Address for delivery of data: | |  | |

 **Sample Submission Form**

**Please acknowledge that you have read and understand the above notes by signing this page and submitting it with your sample submission.**

**X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Important Notes:**

» Unless otherwise specified, **all leftover sample will be discarded two months after run is complete.**

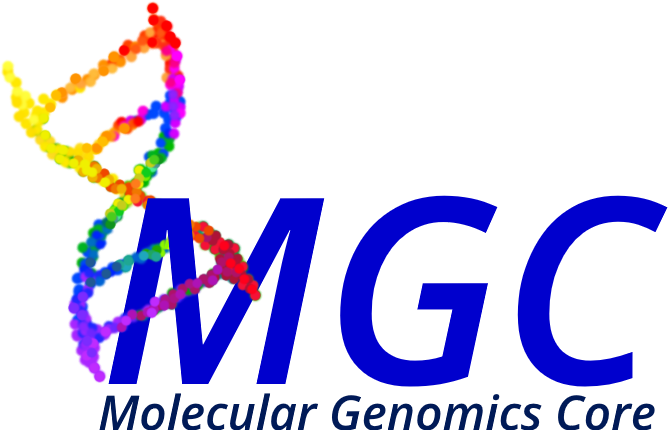
» Please email this form to DMPI-MGC@duke.edu **before** sample submission.

» We **do not** accept samples with Biosafety Level greater than level 2. Must inform us of infectious samples.

» Check “Submission Requirements” information sheet for sample formatting criteria.

» Please also submit sample manifest/plate layout guide.

» Please label tubes/plates with clear, easy to read/simple sample names; additional labor hour fees may be incurred for samples that take additional time to sort/aliquot/require extra dilution due to insufficient volume.



**Sample Info:**

|  |  |  |  |
| --- | --- | --- | --- |
| Sample Type :  (CSF, Plasma, Serum) |  | Anti-coagulant: (if applicable) |  |
| Sample Species: |  | Sample Number: |  |
| Sample Format:  (Plate, Tubes) |  | Sample Volume: |  |
| Assays: |  | | |
| Additional Sample Info: |  | | |