

** Mandatory details to be filled for boxes in red*

SAMPLE SUBMISSION INFORMATION			DATE:		
ILS Quotation No:			Purchase Order:		
Submission Reference (if any):			Dispatch Date:		
Mode of Shipment:	Courier	Personal Delivery	Mode of result / data transfer:	E- mail	Courier
			FTP link		

ADDRESS REQUIRED ON REPORT:	ADDRESS REQUIRED ON INVOICE: <i>Same as reporting address</i>
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Principal Investigator Name			
Contact Person			
Company/ Institute/ Dept.			
Telephone/ Mobile No:		E-mail	

Sample type		Species		Total No. of samples	
Shipment temperature	Room Temp	4°C	Dry ice		
Test Required	Extraction	QC	Sequencing	Microarray	qPCR
				Bioinformatics Analysis	Others
Test Details	If RNA, Kindly provide enrichment details			mRNA capture	Ribodepletion
Data Analysis Required	Yes	No	Data Required	Gb	Million reads
Sample Retention	By customer	Dispatch by courier (at customer's cost)		Discard	

SAMPLE DETAILS					
Sl.No	Sample Name	Sample Type	Concentration (ng/μl)	Volume (μl)	Remarks if any
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

If the sample numbers are more, kindly provide an excel sheet with details in the above format.

Declaration by customer:

- Terms and conditions as stated in the quotation are read and understood.
- Test samples submitted are in working condition.
- We understand that Innovate life sciences lab will handle our products with care. However, we also understand that in case our samples get damaged during testing or handling inadvertently or as needed by the standard used for testing, it is acceptable to us.
- Innovate life sciences lab reserves the right to cancel the testing and return the samples back, at our cost, if we do not provide the requested technical specification / information within a period of 30 days.

Note: Results will be the representative of the sample submitted to laboratory.

I confirm that the instructions on this form are accurate

Customer's Signature



Innovate Laboratory internal use only

Sample Registration Number:

Date of Receipt

Sample Temperature Condition (tick as applicable)

Received Temp: °C

Ice packs

Dry Ice

Time of Sample Receipt:

Remarks:

PACKING PARTICULARS: (Please tick as applicable)

Sealing

Sample Received in

Sample Type/Number

Broken
Not legible
Open

1.5/2ml tube
Falcon tube
Glass slides
Others
(Please specify)

DNA
RNA
Tissue:
Blood:
Others :
(Please specify):

Remarks (if any):

Sample received by:

Name and Signature:

Declaration:

INNOVATE LIFE SCIENCES Lab provides an impartial test services to our customers and own the responsibility to maintain confidentiality of all our customer's information.

Authorized Signatory