

### Supplemental Account Information

**\*\*Kindly attach copy of IRB with request**

Please answer the following:

What is the sample storage container (ie. Collection tube, microfuge tube, cryovial)? \_\_\_\_\_

Sample volume available for testing? \_\_\_\_\_

How will samples be labeled (ie. Hand-written, addressograph, barcode)? \_\_\_\_\_

**\*\*If approved, please ensure information on samples match information on the requisition.**

For the following, please Circle the appropriate option:

Is the study **retrospective/prospective**?

Will specimens arrive batched? **Yes/No**

For Batched arrivals, indicate drop-off frequency?

**Daily/Weekly/Monthly/Other** (specify) \_\_\_\_\_

Will samples be delivered **frozen** or at **room temperature**?

Additional Information: