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:

________________________________________________________________________________________

________________________________________________________________________________________