

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: