

Sample Submission Form for MicroFlow^{BASIC} Analysis Kit

Please complete and send this original with your samples.

A. Test Facility Information

Date Submitted _____ Contact Name _____

Test Facility Name and Address _____ Telephone _____

_____ Fax _____

_____ Email _____

_____ Test Facility Representative Signature _____

B. Study Information

Use one Sample Submission Form for the entire shipment (even if it consists of more than 1 shipping box). Below the table, indicate the total number of samples submitted in the entire shipment, and if any samples are shared between studies.

Samples for multiple studies and/or backup samples can be submitted together, but please fill out one row for each study or set of backups.

Study/Project No. or GLP No.	Number of Samples per Study in This Shipment	If performed under GLP guidelines, please provide Study Director's name.

Total number of samples in this shipment: _____ Are any samples shared between these studies? Yes _____ No _____

C. Litron will assume that no deviations from the manual occurred, unless listed here:

Note: Any substitutions of kit components, or deviations from the procedures as described in the manual are not recommended and may result in samples that are incompatible with flow cytometric analysis. Litron is not responsible for samples prepared in a manner other than that described in the current MicroFlow^{BASIC} Kit Manual.

D. Test Site

Litron Laboratories
 3500 Winton Place, Suite 1B
 Rochester, New York 14623
 phone: 585-442-0930
 fax: 585-442-0934
 info@litronlabs.com
 www.litronlabs.com

For Litron use only
Date Samples Received _____
Date Submission Form Received _____
Principal Investigator _____