## Sample Submission Form for MicroFlow Micronucleus and/or MutaFlow Pig-a Analysis Please complete and send this original form with your samples.

A.	lest Facility Information				
	Date Submitted	Con	Contact Name		
	Test Facility Name and Address	Telephone			
			Fax		
			Ema	ail	
			Representative		
В.	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	Samples for:		If performed under GLP guidelines, please provide Study Director's name.
			☐ Micro	oFlow	
			☐ MutaFlow ☐ Both		
			☐ MicroFlow		
			☐ MutaFlow	□ Both	
			☐ MicroFlow		
			☐ MutaFlow	□ Both	
C.	Species? Rat Mouse Litron will assume that no devia				ared between these studies? Yes No
	occurred, unless listed here:			Litron Laboratories 3500 Winton Place, Suite 1B Rochester, New York 14623 phone: 585-442-0930 fax: 585-442-0934 info@litronlabs.com	
	Note: Any substitutions of kit components, or deviations from t		s from the	www.litronlabs.com	
	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® or MutaFlow® Kit Manuals.			For Litron use only  Date Samples Received  Date Submission Form Received	
				Principal I	nvestigator