

Sample Submission Form for MutaFlow^{BASIC} Analysis Kit

Please complete and send this original form 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	Number of Samples per Study In This Shipment

Species? Rat _____ Mouse _____

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 MutaFlow^{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 _____	