

Sample Submission Form for MicroFlow Micronucleus and/or MutaFlow Pig-a Analysis

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. or GLP No.	Number of Samples per Study in This Shipment	Samples for:	If performed under GLP guidelines, please provide Study Director's name.
		<input type="checkbox"/> MicroFlow <input type="checkbox"/> MutaFlow <input type="checkbox"/> Both	
		<input type="checkbox"/> MicroFlow <input type="checkbox"/> MutaFlow <input type="checkbox"/> Both	
		<input type="checkbox"/> MicroFlow <input type="checkbox"/> MutaFlow <input type="checkbox"/> Both	

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

Species? Rat _____ Mouse _____

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[®] or MutaFlow[®] Kit Manuals.

D. Test Site

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 www.litronlabs.com

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