

SAMPLE SUBMISSION FORM

Include this form with all sample shipments

Please provide ALL requested information (you may complete form electronically and then print). Include your Quote Number and Purchase Order below, if applicable.

Client Information

Company/Institution:			
Investigator Name:			
Purchase Order No.:		Quote No.:	
Mailing Address:			
City, State, Zip Code:			
Telephone:			
E-mail:			

Person to receive results (Indicate if same as Investigator above)

Recipient Name:			
E-mail:			
Mailing Address:			
City, State, Zip Code			
Telephone:			

Clear Form

ADDITIONAL INFORMATION:

1. For ChIP or DNA Methylation assays, Customer will prepare samples according to protocols provided by Active Motif. Protocols may be accessed at:
Cell Fixation Protocol for ChIP Assays: <http://www.genpathway.com/support/fixation.html>
Sample Preparation/ DNA Methylation: <http://www.genpathway.com/support/methylation.html>

SHIPPING INSTRUCTIONS:

1. All samples pertaining to the order must be shipped together.
2. Ship cell and tissue samples (with enough dry ice for 2-3 days) overnight, for morning delivery using a suitable common carrier. Ship purified DNA samples at -20°C.
3. Antibodies (if applicable) should be shipped overnight, for morning delivery using a suitable common carrier. Ship samples on Monday through Wednesday. Do not ship over a weekend or for Saturday delivery.
4. Please ship to the following address:

Active Motif, Inc.
Attention: Receiving
1914 Palomar Oaks Way, Suite 150
Carlsbad, CA 92008
760-431-1263

Sample Information

Sample No.	Project Name	Information on label	Description of material and amount inside container	Fixed (Y/N)
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No

Clear Form