Sample Intake Form

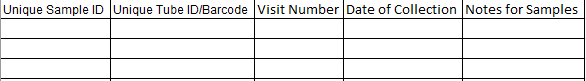
We appreciate your time and dedication to this project; with that, we want to ensure the best scenario for your samples upon arrival and best possible test results.

Our testing is a highly automated process requiring a good deal of preparation prior to any testing. In order for the Institute for Translational Research Laboratory to be prepared for the upcoming shipment of your samples, we ask that you answer a few questions regarding your samples as this will prevent any delay in obtaining your results.

\*\*\***Minimum volume requirement**\*\*\* **500ul of sample for MSD and 500ul of sample for Quanterix-** Please discuss this with our lab personnel.

Please be sure to include:

* An excel file with the 5 columns listed below-
  + Unique Sample ID (Each sample is uniquely identified)- **required**
  + Unique TubeID/Barcode-**required**
  + Visit # (unique timepoint for each sample in the study)-**required for multiple visits**
  + Date of Collection- if applicable
  + Notes for sample (i.e. hemolyzed etc)- if applicable



* Indicate sample type(s) to be sent
* Plasma
* Serum
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Number of samples per sample type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Volume of each sample (please add notes for any low volume samples).
  + Please note, any sample we declare as **unusable will be discarded**.
* Please indicate below which platform(s) you wish to have your samples be run on. As a reminder, we require 500ul of sample per platform. Samples are run in singlicate format (74 samples) or duplicate format (37 samples). Please specify the number of replicates requested for each platform (NOTE- replicate choice impacts cost).
  + MSD- Singlicate
  + MSD- Duplicate
  + Quanterix- Singlicate
  + Quanterix- Duplicate
* The cost of shipping the samples will be the responsibility of the research group who is providing the samples, unless there is a shipping agreement made between UNTHSC and the providing research group specifically for the samples.
* The Biomarker Core has a one year retention plan for all samples that are not to be shipped back to you. Once samples have reached one year, they will be discarded. If you would like us to retain your samples for over a year, this will incur a cost associated with the samples as well as approval from the Biomarker Core Directors.
* Please mark whether you want us to retain samples after testing or ship them back to you
  + Yes, please ship back to me
  + No, I do not want the samples returned to me
* Please note, cost of the samples that are not to be retained i.e. shipped back to you, will be your responsibility.

Additional Sample Details

1. What is the storage tube type and size? Can you provide the manufacturer and catalog # for these storage tubes?
2. What is the age of the sample?
3. Can sample processing specifications be provided? (Example: polypropylene tubes, anticoagulant, draw to freezer time, etc.).
4. If you have any additional notes about the samples or the shipment please add them in the notes section on the last page. (i.e. had to send 2 aliquots, please attach).

Sample Shipment Instructions

Ship from Information

Principal Investigator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institute Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lab Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total # of samples:

Total # of boxes:

Ship to Information

Name: Tori Conger CBH 220

Address: University of North Texas Health Science Center

3420 Darcy St. Fort Worth, TX 76107

Instructions for shipment

Materials needed

* 81 well box (Fisherbrand 03-395-464)
* Cryovials (Corning 430488 or Fisher 03-374-21) or Matrix tubes (Fisher NC1435860)
* Rubber bands
* List of samples in an Excel file
* Dry Ice
* Ziplocs

Place samples into 81 well boxes, rubber band each box to ensure samples do not fall out. Place boxes into the bottom of shipping container and cover with dry ice.

Please include a list of samples and a copy of this form in a Ziploc bag inside of the shipping container.

Overnight or expedited is required for sample integrity.

Please send a copy of this form and the list of samples via email to tori.como@unthsc.edu

UNTHSC Contact Information

Lab Contact: Tori Conger

Phone number: 817-735-2638

Email Address: [tori.como@unthsc.edu](mailto:tori.como@unthsc.edu)

Lab Fax Number: 817-735-2051

Secondary Lab Contact: David Julovich

Phone Number: 817-735-0334

Email Address: [david.julovich@unthsc.edu](mailto:david.julovich@unthsc.edu)

Lab Fax Number: 817-735-2051

Notes to Lab\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_