

Sample intake Core Facility Genomics MFM

Contact

E-Mail address

Telephone:

Address (billing)

Samples

Sample material:

RNA

DNA

Tissue

Blood

Pre PCR

Post PCR

Sample material handling:

Discard after processing

Returns

Number of samples:

Service feature/ quote number:

Comments:

Completed by Core **Facility** Genomics staff

members: Sample storage:

Date sample intake:

Performed by:

Date processing:

Comments: