

Sample Intake Form

Projects with quote

This form needs to be provided as hardcopy for sample drop off and as copy by e-mail !			
Quote-No.:		Phone:	
Contact name and group:			
E-Mail address:			
Billing Address:		Cost center / accounts/ BD Fonds Number:	

No. of samples:		Specification	Date:	
Material:	Total RNA DNase I digested ! DNA Tissue/Blood Library	Isolation method: Please provide index information in sample table! Sort of Library: Sequencing mode:		

To process your samples it is **necessary** to fill out the **digital sample table template**.

The **“NGS – sample table” template** is available on our **homepage**:

www.medizin.uni-muenster.de/cf-genomik/

Send it to **coregenomik@uni-muenster.de** along with **reference to your quote no.** and **this form**.

Customer comments and remarks:

To be filled by CoreFacility staff

Sample receipt:		By:	
Storage:			
Project start/end:			
Performed by:			
Comments and remarks:			
Bioinformatics:	raw data:	QC:	E-Mail: Analysis: