**Sample Submission Form**

Please send this form both in print (submitted together with your samples) and electronically as an attachment to …

**Contact information:**

|  |  |
| --- | --- |
| Name |       |
| Institute/ group |       |
| Phone |       |
| Email |       |
| Group leader/ Principal investigator |       |
| Invoicing detailsFor University of Turku internal invoices please also include:Project / internal invoice numberCost poolPerson who accepts invoice |       |

**Sample information:**

|  |  |
| --- | --- |
| Number of samples |       |
| Name of samples |       |
| Sample description |       |
| Sample origin (Species, e.g. human, mouse, E.coli etc.) |       |
| Sample container |       |
| Estimated sample amount |       |

**Sample submitted as** (please check and describe, where applicable):

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  | Whole blood | [ ]  | Plasma |  | [ ]  | Serum |       |
| [ ]  | Tissue: |  |  |  |  |  |  |       |
| [ ]  | Solution: |  |       |
| [ ]  | Pellet: |  |       |
| [ ]  | Stool: |  |       |
| [ ]  | Other: |       |       |

**Safety information:**

Is your material free from biological, chemical and radiological hazard?

[ ]  Yes [ ]  No

If not, please state the nature of the hazard:

|  |
| --- |
|       |

**Requested analysis** (please check and describe, where applicable):

|  |  |  |
| --- | --- | --- |
|  |  |       |
| [ ]  | Custom assay |
| [ ]  | Central Carbon Metabolism |       |
| [ ]  | Prediction of Outcome in Traumatic Brain Injury |       |
| [ ]  | Plant Hormones |       |
| [ ]  | Endocannabinoids |  |
| [ ]  | Bile Acids |       |
| [ ]  | Data consultation |       |
| [ ]  | Other:       |       |

**General agreement:**

[ ]  I accept the pricing-conditions of the Turku Metabolomics Facility and agree to acknowledge Facility’s service in any resulting publication.

Data will be stored at the facility for one year. Longer storage can be arranged, if the customer agrees to pay the additional costs. Please contact the facility, if longer storage is needed.

[ ]  I accept that all data will be deleted after 6 months.

[ ]  I accept that if there is any leftover sample, it will be discarded after analysis.

**Additional information:**

|  |
| --- |
|       |

**Date:**       **Signature:**