GENXMAP

Sample Submission Form

Commercial contact: sales@genxmap.com · Send the form to lab@genxmap.com

Send this form by e-mail before you ship, together with the carrier tracking number. Include a copy with the package.

Sample names must match the tube labels exactly: same names, same number of samples.

Packaging, labelling and courier rules are in the shipping guidelines: genxmap.com/lab/sample-submission-guidelines#shipping.

CLIENT

ORGANISATION

CONTACT NAME

CUSTOMER ID (IF KNOWN)

E-MAIL

TELEPHONE

COUNTRY

VAT NUMBER

ORDER OR QUOTE REFERENCE

PURCHASE ORDER NO. (IF ANY)

SERVICE REQUESTED Standard (4–6 weeks) / Priority (2–4 weeks): business days, from GO after sample reception QC

SERVICE

DOWNSTREAM APPLICATION

TURNAROUND

NUMBER OF SAMPLES

SEQUENCING AND BIOINFORMATICS fill in only if your service includes sequencing

APPLICATION

LIBRARY

SEQUENCING PLATFORM

RUN CONFIGURATION

READ LENGTH

PHIX (%) (LANE BALANCING ONLY)

THROUGHPUT (GB/LANE/FC)

DATA DELIVERY

DELIVERED DATA STATUS

BIOINFORMATICS ANALYSIS

BIOINFORMATICS DETAIL

ADDITIONAL INFORMATION fill in only if applicable

OVERHANG SEQUENCE

TARGET REGION (MANDATORY FOR METAGENOME AMPLICON)

TARGET SIZE (BP) (CUSTOMISED METAGENOME AMPLICON OR SMALL RNA)

SHIPMENT

CARRIER

TRACKING NUMBER

DISPATCH DATE

EXPECTED ARRIVAL (WORKING DAY)

NUMBER OF PACKAGES

- ☐ Shipped on dry ice
- ☐ Shipped on ice packs
- ☐ Shipped at ambient temperature
- ☐ Stored at –80 °C before dispatch
- ☐ Stored at –20 °C before dispatch

RETURN ADDRESS FOR A DATA CARRIER only if data are returned on a physical drive

INSTITUTION

NAME

ADDRESS LINE 1

ADDRESS LINE 2

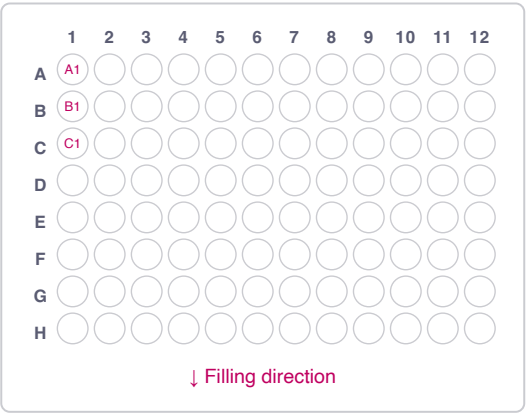
CITY

COUNTRY

PHONE

PLATE LOADING

- If you use a **96-well plate**, give the sample order in **vertical direction**: A1, B1, C1 and so on down each column.
- If you send a **1st PCR sample**, tell us whether it is **with** or **without overhang**.
- If your sample uses a **DNA/RNA stable buffer**, give us the kit name.
- Fill in the additional information **only when it applies**.
- If your option is not listed, write it in the customer note.
- **2-5 µL per sample is taken for quality control.** Sending more than 1.5× the process requirement is preferred.



SAMPLES fill in what you have; leave QC columns blank if not measured

#	TUBE LABEL max 4 char.	SAMPLE ID	SAMPLE TYPE	SAMPLE SOURCE	VOLUME µL	CONCENTRATION ng/µL	OD 260/280	OD 260/230	RIN	ADDITIONAL PREPARATION	SAMPLE BUFFER
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											

values: Sample type : tissue, cell, whole blood, serum, plasma, buffy coat, saliva, buccal swab, stool, urine, FFPE, other · Additional preparation : none, DNA extraction, RNA extraction, DNase, RNase, purification · Sample buffer : water, TE, EB, EtOH, DEPC water, dry, RNA Stable (kit), DNA Stable (kit), Trizol, other

Sixteen rows are printed. On screen, add as many as you need; on paper, continue on a second sheet and number the sheets.

CUSTOMER NOTE

DECLARATION

- Sample names and quantities on this form match the tube labels and the contents of the package.

- The samples are identified by code only. **No patient-identifying information** is included on the tubes, on this form, or in any accompanying document.
- The samples do not fall under any transport restriction that has not been declared to the carrier.
- I have read the sample submission guidelines and the shipment complies with them.

NAME	DATE	SIGNATURE