

COFACTOR GENOMICS - BIOLOGICAL SAMPLE SUBMISSION FORM
 3141 OLIVE STREET, SAINT LOUIS, MO 63103
 P. (314) 531-4647 F. (314) 754-9090
 PLEASE COMPLETE THIS FORM AND SEND ALONG WITH YOUR SAMPLES

QUOTE #	PURCHASE ORDER # (IF APPLICABLE)
PRINCIPAL INVESTIGATOR	BILLING CONTACT
P.I. EMAIL	BILLING EMAIL
SHIPPING ADDRESS	CITY, STATE, ZIP
SAMPLE ORGANISM	NUMBER OF SAMPLES ENCLOSED (IF DIFFERENT FROM QUOTE)

SAMPLE NAME	SAMPLE BUFFER	VOLUME	CONCENTRATION
1			
2			
3			
4			
5			
6			
7			
8			

ADDITIONAL INFORMATION

PLEASE ATTACH QC DATA TO THIS FORM. SAMPLES THAT HAVE NOT PASSED QC WILL NOT BE ANALYZED.
 FOR QUESTIONS ON QC REQUIREMENTS, PLEASE CONTACT SARA AHMED AT
SARA_AHMED@COFACTORGENOMICS.COM

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SAMPLE NAME	SAMPLE BUFFER	VOLUME	CONCENTRATION
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			

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