FULL MOON BioSystems

SAMPLE IDENTIFICATION FORM

CLENT NAME: _____

ORGANIZATION: _____

EMAIL:_____ **PHONE**: _____

Sample ID	**Sample Type** (cells/tissues, control or treated, species/type, etc.)	**Sample Quantity** (number of cells, weight of tissues, lysate concentration)

Which array(s) will be used for the assays: _____

_____

All samples submitted were not originated from sources involving infectious diseases and did not involve any infectious inoculation. I hereby certify that all the information provided in this form is correct and accurate.

Name of the person completing this form: _____

Signature: _____ Date: _____

Be sure to send this form with your samples