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| **DNA EXTRACTION ORDER/REQUISITION FORM** | | | |
| **PROJECT INFORMATION** | | | |
| Project Name |  | Project code |  |
| **Study sample size** |  | | |

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| Project Description |  | | | |
| Result format |  | | | |
| Preferred mode of communicating results |  | | | |
| Additional Contacts to share results with | Name | | institute | Contact info |
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| **PRINCIPLE INVESTIGATOR/PROVIDER** | | | | |
| Name: Email:  Phone: | | Clinic/Hospital/Institution name:  Department:  Address: | | | |
| **Billing Information** | | | | |
| Billing Code: | |  | | | |

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| **SAMPLE INFORMATION\*** | | | |
| Sample type | **Average Sample volume / size for that type** | No. of samples for that type | **Sample collection date for that type** |
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| \*Only blood in purple/lavender EDTA tubes, please use the attached form for submitting multiple blood samples. A minimum volume of 1mL is required. | | | |

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| Tissue, Biopsy, stool Samples are subject to quality assessment and should be handled according to extraction set guidelines (flash freezing, -80 storage, buffer addition…etc)  Please note that This DNA Extraction Service is performed Via Spin column-based methods, which might not be suitable for some Biological sample types and Downstream applications. | | |
| **Total Request Information** | | |
| Total number of samples Requested for Automated DNA Extraction |  | | |
| Preferred method of Extraction | QIACube (16 samples per run) | QIACube HT (96 samples per run) | |
| Number of samples per extraction batch |  | | |
| Quantitation Method | Spectrophotometric | Fluorometric | |
| Preferred Final Elution Volume |  |  | |

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| **Sample Submission** | | | | | | |
| **Project Code** | |  | **Number of samples** | |  |  |
| **Sl No** | **Sample ID** | **Sample Type** | **Total Volume / Size** | **Volume / Size requested for extraction** | **Collection Date** | **Storage Conditions** |
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