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| **pMedGR-The Greek Research Infrastructure for Personalized Medicine**  Room No. 38, Ground Floor  Building 16  Medical School  National and Kapodistrian University of Athens  75 M. Asias St.  Athens 115 27  ﻿Tel: +30 210 7462693 | |  | | --- | |  |   Please sent the completed form to the following e-mail addresses:  [mmanoloukos@med.uoa.gr](mailto:mmanoloukos@med.uoa.gr)  pmedgr@med.uoa.gr |

pMedGR Sample Reception and Processing Unit

**SOLID TISSUE SAMPLE SUBMISSION FORM**

|  |  |
| --- | --- |
| **Principal Investigator/Head of Laboratory\*:** Click here to enter text. | **Institute/Department\*:** Click here to enter text. |
| **Contact Person \*:** Click here to enter text.  Title: |
| **Contact Details\***  **Tel:** Click here to enter text.  **e-mail:** Click here to enter text. | **Address:** Click here to enter text. |
| **Experiment Name\*:** Click here to enter text. | |

**Sample Dispatch Date\*:** Click or tap to enter a date.

**Company Name and Sample Dispatch Tracking Number\***: Click here to enter text.

(If private means will used for the transfer of the biological material please report the name and contact telephone number of the person that will make the transfer).

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| **Service Requested for: \*** |
| NGS  CyTOF  Single Cell Analysis  Proteomics  Bioinformatics |

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|  |  |  |  |  |  |  |
| Species: |  |  |  |  |  |  |
| Sample Name\* | **Sample (Tissue) Type** | **Warm Ischemia Time** | **Cold**  **Ischemia Time** | **Fixation Type** | **Fixation time** | **Long term Storage** |
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**Instructions**

**Important Notes:**

* **All fields signed with an asterisk (\*) are mandatory.** However, we urge you to fill out all fields, as the information captured is important to ensure quality analyses performed.
* You may simply copy-paste **repeating information in relevant cells/columns.**
* In the Sample Table, it is mandatory for each sample to be given a unique name, i.e. each “Sample Name” entry should be unique.
* **Principal Investigator\***

Full name of the Principal Investigator. This is usually the head of the laboratory or department who is responsible for the project.

* **Contact Person\***

Enter the full name of the contact person.

* **Contact Details\***

Enter the contact details of the Contact Person.

* **Experiment Name\***

Experiment name as was named in the Project submission form during initial application.

* **Sample Dispatch Date\***

Enter the date of sample dispatch.

* **Company Name and Sample Dispatch Tracking Number**

Enter the name of the company that is transferring the biological material and the Dispatch Tracking Number provided. (If private means are to be used for the transfer of the biological material, please report the name and contact telephone number of the person that will make the transfer).

* **Service Requested for the following Samples**

Enter the service requested for the samples and the technique specifics (type of NGS analysis, type of CyTOF analysis, etc).

* **Specify Sample Comparison Analysis Parameters**

Report the Sample Comparison Analysis Parameters (i.e. Compare Condition 1 with Conditions 2 & 3 or compare all conditions between them, etc.) for the Bioinformatics department.

**Samples’ Details**

* **Species**

Report the species where the sample is isolated from.

* **Sample Name\***

The sample name as is written on the container. The sample name on each tube needs to be unique, even if the sample is a replicate.

* **Sample Tissue Type**

Enter the type of Biological material (tissue) provided.

* **Warm ischemia time**

Report the time elapsed before the sample was transferred on ice or further processed.

* **Cold ischemia time**

Report the time elapsed with the sample on ice before further processed.

* **Fixation type and time**

Report the type of fixation when appropriate and the time that the sample remained in fixative.

* **Long term storage**

Enter the temperature of long term storage of the sample.