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| **pMedGR-The Greek Research Infrastructure for Personalized Medicine**Room No. 38, Ground FloorBuilding 16Medical SchoolNational and Kapodistrian University of Athens75 M. Asias St.Athens 115 27﻿Tel: +30 210 7462693 |

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Please sent the completed form to the following e-mail addresses:mmanoloukos@med.uoa.grpmedgr@med.uoa.gr |

pMedGR Sample Reception and Processing Unit

**FLUID BIOSPECIMEN SAMPLE SUBMISSION FORM**

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| **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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| Sample Form |
| Species: | Choose an item. |  |  |  |  |  |
| Sample Name\* | **Type of Sample\*** | **Primary Container****(anticoagulant type)\*** | **Pre-Centrifugation Delay** | **First Centrifugation** | **Second Centrifugation** | **Post Centrifugation Delay** | **Long term Storage** |
| … | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
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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.

* **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.

* **Type of Sample**

Enter the type of Biological material provided (Drop-down list).

* **Primary Container (anticoagulant type)\***

Select the container with the type of anticoagulant.

* **Pre-Centrifugation Delay**

Select the temperature in which the sample was stored and the time elapsed from sample isolation to the first centrifugation step (Drop-down list).

* **First Centrifugation step**

Select the centrifuge force, time and temperature of the first centrifugation step (Drop-down list).

* **Second centrifugation step**

Select the centrifuge force, time and temperature of the second centrifugation step (Drop-down list).

* **Post Centrifugation Delay**

Select the time and temperature in which the sample was stored after the last centrifuge step and until further process (storage or process)

* **Long term storage**

Select the temperature in which the sample was stored before given for analysis.