

# BIOANALYZER TEST REQUEST FORM

Name/Lab: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Sample species:

Human \_\_\_\_\_ Mouse \_\_\_\_\_ Other \_\_\_\_\_

Are submitted samples isolated from an infectious material? YES  NO

If yes, please specify the material:

Describe briefly how your samples were prepared:

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