



Sample Request Form | CG000712 | Rev A

Visium CytAssist Sample Request Form



It is strongly encouraged to set up a consultation with core staff before filling out the form, to go over the sample criteria.

Customer Information

Lab/Customer Information

Principle Investigator Contact Information

Principal Investigator Name: _____

Project Name: _____ Date: _____

Investigator Type: Internal External

Sample Intake Contact Information

Sample Intake Contact Name: _____

Contact Phone: _____ Contact Email: _____

Data Transfer Contact Information

Data Transfer Contact Name: _____

Contact Phone: _____ Contact Email: _____

Basic Sample Information

Sample Information

Sample Type

Sample Type: Fresh Frozen Fixed Frozen

FFPE

Capture Area: 6.5 x 6.5 11 x 11

Sequencing

Reads per Cell: _____

Number of Total Reads Required: _____

Need Bioinformatics Analysis? Yes No

Detailed Sample Information



Please provide high magnification image and point of region of interest for transfer

Sample Requirements			
Sample Type	RNA QC	Tissue Prep Guide	Section Thickness
Fresh Frozen	RIN > 4	Visium CytAssist Spatial Gene Expression for Fresh Frozen – Tissue Preparation Guide (CG000636)	10-20 µm
Fixed Frozen	DV200 > 50%	Visium CytAssist Spatial Gene Expression for Fixed Frozen – Tissue Preparation Guide (CG000663)	10 - 20 µm
FFPE	DV200 > 30%	Visium CytAssist Spatial Gene Expression for FFPE – Tissue Preparation Guide (CG000518)	5 µm

No.	Sample Name	Species	Conc. (ng/µl)	Vol. (µl)	Target Cell Recovery	Viability	Media	Additional Info (if necessary)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

additional lines provided on next page

Detailed Sample Information *(contd)*



Please provide high magnification image and point of region of interest for transfer

Sample Requirements			
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No.	Sample Name	Species	Conc. (ng/µl)	Vol. (µl)	Target Cell Recovery	Viability	Media	Additional Info <i>(if necessary)</i>
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
32								

Form Confirmation and Delivery

Please send completed form to the following:

Core Name:

Core Email:

Contact

support@10xgenomics.com | [10xgenomics.com](https://www.10xgenomics.com)