



Sample Request Form | CG000767 | Rev A

Xenium

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 FFPE

Multimodal Cell Segmentation: Yes No

Panel Design

Panel Type
(Select all that apply): Pre-Designed Panel Pre-Designed 10x Panel Custom

Custom Panel Design ID: _____

Custom Panel .json file sent: Yes No

Field of View (FOV) (Select all the apply)

I will be present for selection

Image of annotated FOV sent

For Custom Panels only

Detailed Sample Information



Please provide QC H&E stained image

Sample Requirements			
Sample Type	RNA QC	Tissue Prep Guide	Section Thickness
Fresh Frozen	RIN > 4	Xenium In Situ for Fresh Frozen Tissues - Tissue Preparation Guide (CG000579)	10 µm
FFPE	DV200 > 30%	Xenium In Situ for FFPE - Tissue Preparation Guide (CG000578)	5 µm

No.	Sample Name	Species	Xenium Slide ID	RIN/DV200	Post-Xenium H&E requested (Y/N)	Nuclei/Multimodal Staining Complete (Y/N)	Storage Period	Additional Info (if necessary)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

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)