



### ASIC Cell Sample Submission Form

Please complete form and bring with samples submitted to the facility.

|   |
|---|
| <b>Date:</b>  |
| <b>Project Title (from Safety Questionnaire):</b>       |
| <b>PI:</b>  |
| <b>PI's Email:</b>                                      |
| <b>Submitter (Person bringing samples to facility):</b> |
| <b>Submitter's Mobile:</b>                              |
| <b>Submitter's Email:</b>                               |
| <b>Account #:</b>                                       |
| <b>Number of Samples:</b>                               |

#### Safety Information

1. Biosafety level of submitted samples: BSL1  BSL2  BSL2+

2. Species of cells to be processed:

3. Does the sample contain any known or suspected infectious agents? Yes  No

If yes, describe:

4. Have the cells been transduced with a virus or viral vector? Yes  No

If yes:  
 What virus?

5. Are the cells genetically engineered? Yes  No

If yes, are inserted genes/sequences oncogenic, affect cell proliferation, or known or suspected to be hazardous to humans? Yes  No

| No. | Sample Name * | Cell Capture Target ** | Approx. # Cells/mL | Approx. Cell Vol. | Notes |
|-----|---------------|------------------------|--------------------|-------------------|-------|
| 1   |               |                        |                    |                   |       |
| 2   |               |                        |                    |                   |       |
| 3   |               |                        |                    |                   |       |
| 4   |               |                        |                    |                   |       |
| 5   |               |                        |                    |                   |       |
| 6   |               |                        |                    |                   |       |
| 7   |               |                        |                    |                   |       |
| 8   |               |                        |                    |                   |       |

\* Provide a brief, informative name that unambiguously identifies the sample to you (ex.: Apg4 +/- liver)

\*\* Indicate desired number of cells to be captured (500-10,000). Note that actual captured number of cells may vary and is not guaranteed.

I certify that the information provided above is correct.

Signature

Date: