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SAMPLE SUBMISSION FORM

Contact Information

| | |
|----------------------------|------------------------|
| Name: | Research group: |
| Department/address: | Date submitted: |
| Telephone: | Email: |

Sample Information

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|---|------------------|
| Number of samples: | Comments: |
| <p>Sample list:</p> <p>Please, attach a fulfilled excel list including following columns:</p> <ul style="list-style-type: none"> - sample name - replicate number - organism - genotype - tissue - experiment - fresh weight / dry weight / volume - comments <p style="text-align: center;">Without this list we cannot process your sample!</p> | |