### ECTRL Sample Submission Form

**Emory Clinical Translational Research Laboratory**  
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**PLEASE PRINT LEGIBLY**

PI Name:  
Project Name:  
Project Number:  
Account to be charged (Smartkey):  

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**Samples submitted by:**  
- [ ] Same as above  
Name:  
Email:  
Phone:  
Fax:  

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**Sample Information -**  

<table>
<thead>
<tr>
<th># of Samples Submitted:</th>
<th>Assays to be performed:</th>
</tr>
</thead>
</table>

Sample type:  
- [ ] Frozen  
- [ ] Ice  
- [ ] Room Temperature  

Shipped:  
- [ ] Frozen  
- [ ] Ice  
- [ ] Room Temperature  

How Shipped:  
- [ ] Hand Delivered  
- [ ] UPS  
- [ ] Other  
- [ ] Inventory list enclosed  
- [ ] Inventory list submitted electronically  

For ECTRL Use Only -  

<table>
<thead>
<tr>
<th># Samples Received:</th>
<th>Received by:</th>
</tr>
</thead>
</table>

Date Received:  

Received:  
- [ ] Frozen  
- [ ] Ice  
- [ ] Room Temperature  

Comments:  

Special Instructions:  

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**Please note:** Shipments can be received only during normal operating hours: Monday – Friday, 8:00am – 5:00pm.