



ECTRL Request # _____

ECTRL Sample Submission Form

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***** USE THIS FORM TO ACCOMPANY SAMPLES *****

PLEASE PRINT LEGIBLY -

PI Name: _____ Phone: _____

Project Name: _____ Email: _____

Project Number: _____

Account to be charged (Smartkey): _____

Samples submitted by: Same as above **Date:** _____

Name: _____ Email: _____

Phone: _____ Fax: _____

Sample Information -

of Samples Submitted: _____

Assays to be performed: _____

Sample type: _____

Shipped: Frozen
 Ice
 Room Temperature

How Shipped: Hand Delivered
 UPS
 Other _____

Inventory list enclosed

Inventory list submitted electronically

For ECTRL Use Only -

Samples Received: _____

Received by: _____

Date Received: _____

Received: Frozen
 Ice
 Room Temperature

Comments: _____

Special Instructions:

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