

**Situ Biosciences LLC**  
 www.SituBiosciences.com  
 Sample Submission Form

**PLEASE INCLUDE THIS FORM  
 WITH YOUR SAMPLE SHIPMENT**

(This space to be used for Project Number)

**Sponsor Information:** (Will be printed on final report)

Contact:			
Company:			
Phone:			
Fax:			
E-Mail:			
Address:			
City:	State:		
Zip:	Country:		

**Billing Information:** Same

Contact:			
Company:			
Phone:			
Fax:			
E-Mail:Re			
Address:			
City:	State:		
Zip:	Country:		

**Optional Testing Services:**

Perform Rush Testing (Day of Arrival) (50% Extra charge)

Reports will be emailed to the listed contacts.  
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**Sample ID / Lot #:** (Please type or print clearly; this ID will be used to identify the samples on the final report.)Situ

<b>P.O. #:</b>		<b>Quote #:</b>	
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	Test Code	Test Description		# of Samples	Tested Individually	Pooled
1					<input type="checkbox"/>	<input type="checkbox"/>
2					<input type="checkbox"/>	<input type="checkbox"/>
3					<input type="checkbox"/>	<input type="checkbox"/>
4					<input type="checkbox"/>	<input type="checkbox"/>
5					<input type="checkbox"/>	<input type="checkbox"/>

Sample Disposition	Shipping Condition	Sample Storage Condition	Sterilization (if applicable)
<input type="checkbox"/> Discard Samples	<input type="checkbox"/> Ambient	<input type="checkbox"/> Room Temperature	<input type="checkbox"/> Steam sterilized product
<input type="checkbox"/> Return Samples (Extra charge)	<input type="checkbox"/> On Ice	<input type="checkbox"/> Refrigerator (2 to 8° C)	<input type="checkbox"/> Other sterilized product
<input type="checkbox"/> Return Sample Container (Extra Charge)	<input type="checkbox"/> On Dry Ice	<input type="checkbox"/> Freezer (-10 to -25° C)	<input checked="" type="checkbox"/>
		<input type="checkbox"/> Freezer (≤ -70° C)	

**Comments or Special Instructions:**

Add additional samples to additional forms or add the sample information into the comment box below.

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_