

MyOmicsDx, Inc. Genomics Sample Submission Form for NGS Services

Please fill this form as much as you can and ship it together with your sample(s) to us

Your Name: _____ Date: _____

Principal Investigator: _____ Order/Quote No: _____

Email: _____ Phone No: _____

Institution: _____

Address: _____ City: _____ State: _____

Please label tubes clearly with: (1) Today's Date (2) Your Last Name (3) Sample Name

Sample Name(s): _____

Total Number: _____

Size Range: _____ Amount (ng, pmol): _____

Species*: _____ Volume (ul): _____

Source*: _____ Concentration (uM): _____

You must provide Species (human, mouse, zebrafish etc... ..) and Source (cell lysate, tissue lysate, plasma, serum, etc... ..) information to start a project.

Above sample amounts are based on what assay? _____

Buffer components of sample (or dried down from what buffer): _____

Sample types: FFPE DNA Plasma/Serum Cell Line Tissue

Other: _____

What do you want to know? _____

Other Comments? _____

For further details, please visit us at [www. MyOmicsDx.com](http://www.MyOmicsDx.com)