**Thank you for choosing RayBiotech’s Testing Service. Please completely fill out the below information and include it in your shipment to ensure proper and timely processing.**

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| **# of Samples** |  | **Submission Date** |  |
| **Antibody Array Catalog #** |  | **Contact Name** |  |
| **Contact Telephone** |  |
| **Indicate if samples contain HIV, hepatitis or other viruses** |  | **Contact Email** |  |
| **Payment: credit card, P.O., wire transfer or check** | ご入力不要です | **Billing Contact Name/Number** | ご入力不要です |
| **University/Institution** |  | **Quote #** | ご入力不要です |
| **Specify sample storage time at RayBiotech if greater than 3 months after final report**  **(extra fees apply)** |  | **Additional Info/ Special Instructions** |  |

注)：感染性のあるサンプルは受託できませんのでご注意ください。

　　ご提供いただくサンプルについては、インフォームド・コンセントが取得されており、

かつドナーの個人情報が特定できないように匿名化されたものである必要がございます。

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| Please specify the suggested dilution or concentration range if known. If you do not specify, we will dilute using our best judgment. Different cytokines have different detection sensitivities so for a given dilution one or more cytokines may be out of the detectable range of the assay. Please note that samples run at several dilutions or re-running samples at different dilutions will be considered as additional samples.  **NOTE:** Any leftover sample remaining after the service is complete will be stored at -80˚C, and then discarded after 90 days. Please contact us if you wish to have your remaining samples returned to you. |

| Sample # | Sample ID | Sample Type | Sample Volume (µl) | \*Suggested Dilution | \*Protein Concentration | Any toxic or infectious materials? | Indicate Groups |
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