Quansys Biosciences Inc.

Sample Testing Service Form

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| **# of Samples** |  | **Submission Date** |  |
| **Q-plex kit Catalog #** |  | **Contact Name** |  |
| **Contact Telephone** |  |
| **Indicate if samples contain HIV, hepatitis or other viruses** |  | **Contact Email** |  |
| **University/Institution** |  | **Quote #** | ご入力不要です |
| **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。

| Sample # | Sample ID | Sample Type | Sample Volume (µl) | \*Suggested Dilution  （ご指定があれば） | \*Protein Concentration  （測定値があれば） | Any toxic or infectious materials? | Indicate Groups |
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