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SAMPLE SUBMISSION FORM

Customer Contact Information

First Name *

Last Name *

Phone *

E-mail *

Billing Information

Principal Investigator *

Institution *

Billing Address and Financial Admin. Contact Person *

Edward Martinez
Associate Director of Finance
Department of Genetics & Complex Diseases
665 Huntington Avenue
SPH 2, Room 109
Boston, MA 02115

(Please indicate where invoices should be sent, e.g., physical address, FAX, or e-mail)

☒ HMS Quad-based Investigators with 33-digit codes

☐ Non-Profit

☐ Corporate

Harvard 33-digit billing # *

Sample Information

Species *

Mouse

(human, mouse, etc.)

Type of analysis *

Quant-IP

Number of Sample Sets (How many "plexes" are you submitting?) *

2

Each "plex" will be assigned a letter. Each sample within a plex will be assigned a number. Please add the sample information next to the corresponding alphanumeric code suggested below. For example, if samples for a 6- and 10-plex are submitted together your tubes should be labeled A1-A6 and B1-B10.

Plex - A

A1

lacZ 1

A2

lacZ 2

A3

HA control 1

A4

HA control 2

A5

HA cholesterol 1

A6

HA cholesterol 2

A7

HA bortezomib 1

A8

HA bortezomib 2

A9

A10

Plex - B

B1

lacZ 3

B2

lacZ 4

B3

lacZ 5

B4

lacZ 6

B5

HA control 3

B6

HA control 4

B7

HA cholesterol 3

B8

HA cholesterol 4

B9

HA bortezomib 3

B10

HA bortezomib 4

Special Instructions

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