

Sample Disclosure Form for AIC Array or Other Services

Contact Information Project Contact:	
Name	
Institution	
Department /Building /Room /Floor	
Street Address	
City / State / Zip	
Phone Number	
Email Address	
Please Provide a brief description of your project. Please include the objective and the hypothesis of the project (please attach a page if the space is not enough)	
Sample Information	
Original Biological Source (Human, Rat, Mouse, microbes etc.)	
Sample types (specific body fluid, tissue, Cells, cell line, supernatant of cell culture, cell lysate, fractions, lab solution & etc)	
Grown Conditions (size of plates, dishes, or flasks)	
Buffer or solution component	
Bio-safety level (BL-1 or BL-2)	BL-1 <input type="checkbox"/> BL-2 <input type="checkbox"/>
Are there any infectious agent in the sample (If yes, please explain)	
Are there any diseases samples (If yes, please explain)	
Are there any hazardous chemicals in the sample (If yes, please explain)	
Total # of samples need to be analyzed (including replicates)	
Other features of the sample you need to disclose	
I have read the requirements for sample submission and have provided samples to the AIC for processing:	
_____	_____
Researcher Signature	Date
I have received all samples for AIC Core Service from the submitting lab:	
_____	_____
AIC Technician Signature	Date