Singleron

# Sample Submission Form

| Note:<br>1. Please fill out this form and return to Singleron account manager and include a print-out in the shipment.<br>2. Notify Singleron one week in adavance before shipment.<br>3. Sample arrival at Singleron before 11:00 am, same day sample process is possible.<br>4. No shipping on Friday. |
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|---|---|---|---|---|---|---|---|
| Ship to | Singleron Biotechnologies GmbH<br>Gottfried-Hagen Str. 24<br>FAO: Neha Singh/Bukurie Zhuleku<br>51105, Cologne<br>Germany | | | | | | |
| **Contact Information** | | | **Quote No.** | | | **Date** | **Dez.21, 2022** |
| **Name** | | | **Service Type (Sequencing Data Amount)** | | | **Bioinformatic Analysis** | |
| **Company** | | | Single Cell Sequencing | | 120Gb | Standard Analysis | |
| **Department** | | | | | | If others, please specify | |
| **Email** | | | | | | | |
| **Tel. No.** | | | Others | | | | |

| | | | | |
|---|---|---|---|---|
| **Sample Info.** | *Samples submitted to be free of HIV/HepB/HepC | | | |
| Type of Disease | | | | |
| Bio safety level | ☐ S1 | If S1, please specify | | |
| | ☑ None | | | |
| GMO | | | | |
| Vector info | Donor | Recipient | Vector | Modified Nucleic Acid |
| | | | | |
| Should sample be returned? | ☐ Yes<br>☑ No | | | |
| | If yes, additional fee may apply. | | | |

| Sample No. | Unique Sample ID | Species | Tissue Origin | Sample collection date and time | Note | Treatment | Comment |
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I confirm that we will use Singleron services for research use only and not for diagnostic purpose.
By submitting samples, I confirm that it is my own samples to be processed and consent from patients is obtained.

Customer Signature : _____