**SAMPLE SUBMISSION SOP**

Sample Submission Date: \_\_\_/\_\_\_/\_\_\_\_\_

Title:

Client Name:

CAF ID:

Address:

Contact details:

Email:

1. **Sample container guidelines:**
2. **Labeling of samples:**

Samples should be visibly marked with either waterproof printed or written (with a black permanent marker) labels. Please do not write/stick labels on the caps of containers/ vials /Eppendorf tubes.

1. **Sample Information:**

Sample must be logged in the table provided below (Table 1), the corresponding information must be completed for all samples.

1. **Analysis requested:**
	1. **First time user (yes/no)**
	2. **Sample preparation (by CAF/ assisted preparation/ self-preparation)**
2. **Who received the sample(s):**
3. **Details of recipient of results:**

|  |  |  |
| --- | --- | --- |
| **Recipient 1** | **Recipient 2** | **Recipient 3** |
| Name: | Name: | Name: |
| Email: | Email: | Email: |
| Contact: | Contact: | Contact: |

**Table 1: Sample information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Nr. | Sample Code (\*max 6 characters) | Sample Name: | Nature of Sample (example: Plant extract, cells, etc.) | Mass (g) of tube + sample | Suspension Solvent | Additional Information |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |
| **11** |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |
| **13** |  |  |  |  |  |  |

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