



SILABE

Samples request form
mail to : samples@silabe.com

DATE:

Company

Contact:

Phone:

Address:

City, State, Zip:

Email:

Callithrix jacchus - Ouistiti - Marmoset

Volume (ml) Qty Specific gender Temperature

Volume (ml) Qty Specific gender Temperature

Whole blood		Volume (ml)		Qty	Specific gender			Temperature		
					M ____	F ____	Indifferent	Room T°	Chilled T°	Frozen
<input type="checkbox"/> LH	<input type="checkbox"/> Ind.tube				<input type="checkbox"/> M ____	<input type="checkbox"/> F ____	<input type="checkbox"/> Indifferent	<input type="checkbox"/> Room T°	<input type="checkbox"/> Chilled T°	<input type="checkbox"/> Frozen
	<input type="checkbox"/> Pool				<input type="checkbox"/> M ____	<input type="checkbox"/> F ____	<input type="checkbox"/> Indifferent	<input type="checkbox"/> Room T°	<input type="checkbox"/> Chilled T°	<input type="checkbox"/> Frozen
<input type="checkbox"/> K2-EDTA	<input type="checkbox"/> Ind.tube				<input type="checkbox"/> M ____	<input type="checkbox"/> F ____	<input type="checkbox"/> Indifferent	<input type="checkbox"/> Room T°	<input type="checkbox"/> Chilled T°	<input type="checkbox"/> Frozen
	<input type="checkbox"/> Pool				<input type="checkbox"/> M ____	<input type="checkbox"/> F ____	<input type="checkbox"/> Indifferent	<input type="checkbox"/> Room T°	<input type="checkbox"/> Chilled T°	<input type="checkbox"/> Frozen
<input type="checkbox"/> K3-EDTA	<input type="checkbox"/> Ind.tube				<input type="checkbox"/> M ____	<input type="checkbox"/> F ____	<input type="checkbox"/> Indifferent	<input type="checkbox"/> Room T°	<input type="checkbox"/> Chilled T°	<input type="checkbox"/> Frozen
	<input type="checkbox"/> Pool				<input type="checkbox"/> M ____	<input type="checkbox"/> F ____	<input type="checkbox"/> Indifferent	<input type="checkbox"/> Room T°	<input type="checkbox"/> Chilled T°	<input type="checkbox"/> Frozen
<input type="checkbox"/> NH	<input type="checkbox"/> Ind.tube				<input type="checkbox"/> M ____	<input type="checkbox"/> F ____	<input type="checkbox"/> Indifferent	<input type="checkbox"/> Room T°	<input type="checkbox"/> Chilled T°	<input type="checkbox"/> Frozen
	<input type="checkbox"/> Pool				<input type="checkbox"/> M ____	<input type="checkbox"/> F ____	<input type="checkbox"/> Indifferent	<input type="checkbox"/> Room T°	<input type="checkbox"/> Chilled T°	<input type="checkbox"/> Frozen
<input type="checkbox"/> Na Citrate	<input type="checkbox"/> Ind.tube				<input type="checkbox"/> M ____	<input type="checkbox"/> F ____	<input type="checkbox"/> Indifferent	<input type="checkbox"/> Room T°	<input type="checkbox"/> Chilled T°	<input type="checkbox"/> Frozen
	<input type="checkbox"/> Pool				<input type="checkbox"/> M ____	<input type="checkbox"/> F ____	<input type="checkbox"/> Indifferent	<input type="checkbox"/> Room T°	<input type="checkbox"/> Chilled T°	<input type="checkbox"/> Frozen
<input type="checkbox"/> CTAD	<input type="checkbox"/> Ind.tube				<input type="checkbox"/> M ____	<input type="checkbox"/> F ____	<input type="checkbox"/> Indifferent	<input type="checkbox"/> Room T°	<input type="checkbox"/> Chilled T°	<input type="checkbox"/> Frozen
	<input type="checkbox"/> Pool				<input type="checkbox"/> M ____	<input type="checkbox"/> F ____	<input type="checkbox"/> Indifferent	<input type="checkbox"/> Room T°	<input type="checkbox"/> Chilled T°	<input type="checkbox"/> Frozen

Plasma		Volume (ml)		Qty	Specific gender			Temperature		
					M ____	F ____	Indifferent	Room T°	Chilled T°	Frozen
<input type="checkbox"/> LH	<input type="checkbox"/> Ind.tube				<input type="checkbox"/> M ____	<input type="checkbox"/> F ____	<input type="checkbox"/> Indifferent	<input type="checkbox"/> Room T°	<input type="checkbox"/> Chilled T°	<input type="checkbox"/> Frozen
	<input type="checkbox"/> Pool				<input type="checkbox"/> M ____	<input type="checkbox"/> F ____	<input type="checkbox"/> Indifferent	<input type="checkbox"/> Room T°	<input type="checkbox"/> Chilled T°	<input type="checkbox"/> Frozen
<input type="checkbox"/> K2-EDTA	<input type="checkbox"/> Ind.tube				<input type="checkbox"/> M ____	<input type="checkbox"/> F ____	<input type="checkbox"/> Indifferent	<input type="checkbox"/> Room T°	<input type="checkbox"/> Chilled T°	<input type="checkbox"/> Frozen
	<input type="checkbox"/> Pool				<input type="checkbox"/> M ____	<input type="checkbox"/> F ____	<input type="checkbox"/> Indifferent	<input type="checkbox"/> Room T°	<input type="checkbox"/> Chilled T°	<input type="checkbox"/> Frozen
<input type="checkbox"/> K3-EDTA	<input type="checkbox"/> Ind.tube				<input type="checkbox"/> M ____	<input type="checkbox"/> F ____	<input type="checkbox"/> Indifferent	<input type="checkbox"/> Room T°	<input type="checkbox"/> Chilled T°	<input type="checkbox"/> Frozen
	<input type="checkbox"/> Pool				<input type="checkbox"/> M ____	<input type="checkbox"/> F ____	<input type="checkbox"/> Indifferent	<input type="checkbox"/> Room T°	<input type="checkbox"/> Chilled T°	<input type="checkbox"/> Frozen
<input type="checkbox"/> NH	<input type="checkbox"/> Ind.tube				<input type="checkbox"/> M ____	<input type="checkbox"/> F ____	<input type="checkbox"/> Indifferent	<input type="checkbox"/> Room T°	<input type="checkbox"/> Chilled T°	<input type="checkbox"/> Frozen
	<input type="checkbox"/> Pool				<input type="checkbox"/> M ____	<input type="checkbox"/> F ____	<input type="checkbox"/> Indifferent	<input type="checkbox"/> Room T°	<input type="checkbox"/> Chilled T°	<input type="checkbox"/> Frozen
<input type="checkbox"/> Na Citrate	<input type="checkbox"/> Ind.tube				<input type="checkbox"/> M ____	<input type="checkbox"/> F ____	<input type="checkbox"/> Indifferent	<input type="checkbox"/> Room T°	<input type="checkbox"/> Chilled T°	<input type="checkbox"/> Frozen
	<input type="checkbox"/> Pool				<input type="checkbox"/> M ____	<input type="checkbox"/> F ____	<input type="checkbox"/> Indifferent	<input type="checkbox"/> Room T°	<input type="checkbox"/> Chilled T°	<input type="checkbox"/> Frozen
Serum	<input type="checkbox"/> Ind.tube				<input type="checkbox"/> M ____	<input type="checkbox"/> F ____	<input type="checkbox"/> Indifferent	<input type="checkbox"/> Room T°	<input type="checkbox"/> Chilled T°	<input type="checkbox"/> Frozen
	<input type="checkbox"/> Pool				<input type="checkbox"/> M ____	<input type="checkbox"/> F ____	<input type="checkbox"/> Indifferent	<input type="checkbox"/> Room T°	<input type="checkbox"/> Chilled T°	<input type="checkbox"/> Frozen

Others non sterile Temperature

Others	Volume (ml)		Qty	Specific gender			Temperature	
				M ____	F ____	Indifferent	Room T°	Chilled T°
<input type="checkbox"/> Feces							<input type="checkbox"/> Chilled T°	<input type="checkbox"/> Frozen
<input type="checkbox"/> Urine							<input type="checkbox"/> Chilled T°	<input type="checkbox"/> Frozen

Comments