

DATE:

APPLICANT

CONSIGNEE if different from applicant

SILABE

Samples request form
mail to :
samples@silabe.com

Company Name:

Contact:

Phone:

Address:

City, State, Zip:

Email:

Company Name:

Contact:

Phone:

Address:

City, State, Zip:

Email:

Macaca fascicularis - Macaque crabier - Cynomolgus macaque

		Volume (ml)	Qty	Specific gender	Temperature
Whole blood	<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"/> Pool		<input type="checkbox"/> M ____ <input type="checkbox"/> F ____ <input type="checkbox"/> Indifferent	
	<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"/> Pool		<input type="checkbox"/> M ____ <input type="checkbox"/> F ____ <input type="checkbox"/> Indifferent	
	<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"/> Pool		<input type="checkbox"/> M ____ <input type="checkbox"/> F ____ <input type="checkbox"/> Indifferent	
	<input type="checkbox"/> NH	<input type="checkbox"/> Ind.tube		<input type="checkbox"/> M ____ <input type="checkbox"/> F ____ <input type="checkbox"/> Indifferent	
		<input type="checkbox"/> Pool		<input type="checkbox"/> M ____ <input type="checkbox"/> F ____ <input type="checkbox"/> Indifferent	
	<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"/> Pool		<input type="checkbox"/> M ____ <input type="checkbox"/> F ____ <input type="checkbox"/> Indifferent	
	<input type="checkbox"/> CTAD	<input type="checkbox"/> Ind.tube		<input type="checkbox"/> M ____ <input type="checkbox"/> F ____ <input type="checkbox"/> Indifferent	
		<input type="checkbox"/> Pool		<input type="checkbox"/> M ____ <input type="checkbox"/> F ____ <input type="checkbox"/> Indifferent	
CSF	<input type="checkbox"/> CSF	<input type="checkbox"/> Ind.tube		<input type="checkbox"/> M ____ <input type="checkbox"/> F ____ <input type="checkbox"/> Indifferent	
		<input type="checkbox"/> Pool		<input type="checkbox"/> M ____ <input type="checkbox"/> F ____ <input type="checkbox"/> Indifferent	

		Volume (ml)	Qty	Specific gender	Temperature	
Plasma	<input type="checkbox"/> LH	<input type="checkbox"/> Ind.tube		<input type="checkbox"/> M ____ <input type="checkbox"/> F ____ <input type="checkbox"/> Indifferent		
		<input type="checkbox"/> Pool		<input type="checkbox"/> M ____ <input type="checkbox"/> F ____ <input type="checkbox"/> Indifferent		
	<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"/> Pool		<input type="checkbox"/> M ____ <input type="checkbox"/> F ____ <input type="checkbox"/> Indifferent		
	<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"/> Pool		<input type="checkbox"/> M ____ <input type="checkbox"/> F ____ <input type="checkbox"/> Indifferent		
	<input type="checkbox"/> NH	<input type="checkbox"/> Ind.tube		<input type="checkbox"/> M ____ <input type="checkbox"/> F ____ <input type="checkbox"/> Indifferent		
		<input type="checkbox"/> Pool		<input type="checkbox"/> M ____ <input type="checkbox"/> F ____ <input type="checkbox"/> Indifferent		
	<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"/> Pool		<input type="checkbox"/> M ____ <input type="checkbox"/> F ____ <input type="checkbox"/> Indifferent		
	Serum	<input type="checkbox"/> Serum	<input type="checkbox"/> Ind.tube		<input type="checkbox"/> M ____ <input type="checkbox"/> F ____ <input type="checkbox"/> Indifferent	
			<input type="checkbox"/> Pool		<input type="checkbox"/> M ____ <input type="checkbox"/> F ____ <input type="checkbox"/> Indifferent	
Bone marrow	<input type="checkbox"/> Bone marrow	<input type="checkbox"/> Ind.tube		<input type="checkbox"/> M ____ <input type="checkbox"/> F ____ <input type="checkbox"/> Indifferent		
		<input type="checkbox"/> Pool		<input type="checkbox"/> M ____ <input type="checkbox"/> F ____ <input type="checkbox"/> Indifferent		
CPT tube	<input type="checkbox"/> 4'aaV !CPT tube	centrifugated		<input type="checkbox"/> M ____ <input type="checkbox"/> F ____ <input type="checkbox"/> Indifferent		

		Qty of CPT per animal	Animal number	Specific gender	Temperature
PBMC	<input type="checkbox"/> PBMC	<input type="checkbox"/> CPT tube/Animal		<input type="checkbox"/> M ____ <input type="checkbox"/> F ____ <input type="checkbox"/> Indifferent	<input type="checkbox"/> -80°C
		<input type="checkbox"/> Others non sterile	Volume (ml)	Qty	Temperature
Others	<input type="checkbox"/> Feces				
	<input type="checkbox"/> Urine				

Comments