

QUOTE NUMBER

STUDY

PO NUMBER

DATE RECEIVED

INITIALS

RECEIVING BATCH

SAMPLE AND DATA DELIVERY INFORMATION

COMPANY

CONTACT

TELEPHONE

EMAIL

DATA CONTACT

DATA DELIVERY EMAIL

BILL TO

COMPANY

CONTACT

TELEPHONE

EMAIL

ADDRESS

TESTING SERVICE

<input type="checkbox"/> Human DiscoveryMAP® v. 3.3	<input type="checkbox"/> TruCulture OptiMAP™ v. 1.0	<input type="checkbox"/> Human CytokineMAP® A v. 1.0
<input type="checkbox"/> Human ExplorerMAP™ v. 1.0	<input type="checkbox"/> Human KidneyMAP® v. 1.0	<input type="checkbox"/> Human CytokineMAP® B v. 1.0
<input type="checkbox"/> Human OncologyMAP® v. 3.0	<input type="checkbox"/> Human InflammationMAP® v. 1.0	<input type="checkbox"/> Human CustomMAP®*
<input type="checkbox"/> HumanMAP® v. 2.0	<input type="checkbox"/> Human ImmunoMAP® v. 1.0	<input type="checkbox"/> Myriad RBM Simoa™ Assays*
<input type="checkbox"/> Human CardiovascularMAP® v. 3.0	<input type="checkbox"/> Human NeuroMAP™ v. 1.0	<input type="checkbox"/> Crescendo Vectra® DA (Serum Only)**
<input type="checkbox"/> Human AngiogenesisMAP® v. 1.0	<input type="checkbox"/> Human MetabolicMAP® v. 1.0	

* Specify testing in Notes and reference quote #.

** Please provide a separate electronic sample manifest and sample aliquot for Crescendo Vectra® DA testing.

SAMPLE INFORMATION

<p>SPECIES:</p> <p><input type="checkbox"/> Human</p> <p><input type="checkbox"/> Other (Specify) <input type="text"/></p> <p>NUMBER OF SAMPLES</p> <p><input type="text"/></p>	<p>MATRIX:</p> <p><input type="checkbox"/> Plasma</p> <p><input type="checkbox"/> EDTA <input type="checkbox"/> Heparin</p> <p><input type="checkbox"/> Other (Specify) <input type="text"/></p> <p><input type="checkbox"/> Serum</p> <p><input type="checkbox"/> TruCulture®</p> <p><input type="checkbox"/> Urine</p> <p><input type="checkbox"/> Cell Culture Supernatant</p> <p><input type="checkbox"/> Other Fluid (Specify) <input type="text"/></p>	<p>NOTES (Continued on page 2)</p> <div style="border: 1px solid black; height: 100px;"></div>
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SPECIAL SAMPLE HANDLING

Create Aliquots of Samples (Provide details in Notes)

Sample Pooling Required (Provide details in Notes)

Additional fees apply for aliquoting and pooling of samples.

NOTES

Instructions for Completing Testing Service Submission Form: This submission form must be completed to ensure the proper and expeditious processing of your samples. A printed copy of the completed form should be included with the sample shipment. Please identify your samples via electronic manifest, preferably in Excel format, and e-mail to receiving@myriadrbm.com.

Please provide the quote number, study number and PO number in the box at the top left of the form which is a required field. Orders received without P.O. or Credit Card information will not be processed. If you are a new customer, please attach a copy of the purchase order to your submission form so we can insure the billing information is correct. Credit card information is not retained. You must provide credit card information for any orders you are charging on a credit card each time an order is placed.

SAMPLE AND DATA DELIVERY INFORMATION: Include the company name, telephone number, contact name and email address to where data should be sent and a contact name and email address to where sample inquiries should be addressed.

BILL TO: List the company name, address, contact name, telephone number and email address to which services rendered are to be billed.

TESTING SERVICE(S): Indicate the Testing Service(s) that you want by checking the appropriate box(es).

SAMPLE INFORMATION: Indicate the species, sample type and, if plasma, the anticoagulant by checking the appropriate box.

SAMPLE NUMBER: Record number of samples.

SAMPLE MANIFEST: Please identify your samples via electronic manifest, preferably in Excel format. When we receive your shipment, we verify the number of samples and labeled sample identifications against the submitted Sample Manifest. If there is a discrepancy, we will contact you. Samples will not be processed until all samples are properly identified.

Crescendo Vectra® DA TESTING: Serum is the only accepted sample type for Vectra® DA testing. Please include a separate Sample ID Manifest for MAP testing and for Vectra DA testing.

SAMPLE VOLUME REQUIREMENTS: Volume requirements for MAP and Simoa Service Offerings for serum, plasma and other fluid samples can be found here: <https://myriadrbm.com/order/acceptable-samples/>

Ship to: Kalyn Sowell | Myriad RBM, Inc. | 3300 Duval Rd., Austin, TX 78759
Email this form, sample manifest and tracking information to receiving@myriadrbm.com
Purchase Order: Email Jaddison@myriadrbm.com | Tel: 512.835.8026 | Fax: 512.835.4687