

# Sample Submission Form

All fields are mandatory unless stated as optional

**Project ID:**

**Product:**

☐ Olink Explore 3072

(includes all eight separate panels: Explore 384 Inflammation, Explore 384 Inflammation II, Explore 384 Cardiometabolic, Explore 384 Cardiometabolic II, Explore 384 Neurology, Explore 384 Neurology II, Explore 384 Oncology, Explore 384 Oncology II)

☐ Olink Explore 384

☐ Cardiometabolic

☐ Cardiometabolic II

☐ Inflammation

☐ Inflammation II

☐ Oncology

☐ Oncology II

☐ Neurology

☐ Neurology II

☐ Olink Explore HT

## Sample type (human)

☐ Serum

☐ EDTA plasma

☐ Citrate plasma

☐ Heparin plasma

☐ CSF

☐ Urine

☐ Cell Culture Supernatant

☐ Other, please specify:

**Number of samples in shipment:**

**Number of samples to analyse** (if different than the number of samples in shipment):

**Short description of samples** (optional):

## Risk assessment of samples

Have samples been tested for HIV, Hepatitis B and C or other blood-borne diseases?

☐ Yes

If "Yes", please state:

☐ Positive

☐ Negative

☐ No

☐ Comment:

**Sample container and randomization of samples**

Please submit the appropriate Sample Submission Sheet (.xlsx) along with this form.

☐ **PCR-plate (96-well)**

☐ Samples randomized and ready to use

☐ Other (please specify below)

☐ **Tubes**

☐ Samples to be plated and randomized by CF

☐ Randomized samples to be plated by CF

☐ Other (please specify below)

☐ **Other (please specify below)**

Other:

**Comparison of multiple studies**

Are reference samples supplied for bridging / normalization included?

☐ Yes

☐ No

**Estimated shipping date:**

**Shipping address:**

Institute of Translational Proteomics  
Biochemical/Pharmacological Center  
Department of Medicine  
Philipps - Universität Marburg  
Karl – von – Frisch - Str. 2  
D-35043 Marburg  
Germany

Contact person: Vanessa M. Beutgen

Phone: +49 6421 28 27404

## Core Facility Translational Proteomics Sample Submission Form

### Sample handling after analysis:

After completed analysis:

☐ Discard samples

☐ Return samples\*

\* Expenses for actual shipping costs will be added.

☐ I have read and accept the General Terms and Conditions ("Nutzungsordnung") of the Core Facility Translational Proteomics

Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_