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| **Tel. +30-210-9656310 int.221****Fax. +30-210-9653934** | www.genomics@fleminghttp://www.fleming.gr/facilities/genomics |

**Genomics Facility**

**SAMPLE SUBMISSION FORM**

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| **Customer Name:** Click here to enter name. | **Principal Investigator:**Click here to enter PI. |
| **Experiment Name:** Click here to enter title. | **e-mail:** Click here to enter e-mail. |
| **Department:** Click here to enter department. | **Address:** Click here to enter address. |
| **Tel:** Click here to enter tel. |
| **Fax:** Click here to enter fax. |
| **Experiment ID:** GF section. | DATE |
| **Customer ID:** GF section. |
| **Purchase order Number:** GF section. |

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| **Experiment Description** |
| Click here to enter text... |

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| **Comments** |
| Click here to enter text... |

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| **Sample Description** |
|  | **BioSource** |  |
| **Sample Id**(Leave Blank) | **Sample Name** | **Material** | **Sequencing Application** | **Starting material Concentration** | **Total Volume** | **Total amount** |
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| **Additional Information** |
| **BioSource** | **Biomaterial Characteristics** |
| **Sample Name** | **Material** | **Sample Type** | **Organism** | **Gender** | **Age** | **Strain/Line** | **Genotype** | **Tissue** | **Cell Type / Cell Line** |
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for any enquires please contact Vaggelis Harokopos,

harokopos@fleming.gr or genomics@fleming.gr