

# **GlycoSolutions** **Sample Submission Form**

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Worcester, MA 01605  
Phone (508)756-6418  
Fax (508)756-7021

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

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

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_

PO# (if applicable): \_\_\_\_\_

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Sample Name:

Analysis requested:

Sample buffer (molarity and pH):

Concentration and volume of sample:

Storage Requirements (before analysis for up to 1 week):

Ambient  2-8°C  ≤ -10°C  ≤ -80°C

Storage Requirements (after analysis): Ambient  2-8°C  ≤ -10°C  ≤ -80°C

May we discard the remaining sample after the testing is complete? Yes  No

R&D  GLP  GMP

Are there any hazards (hazardous chemicals or infectious materials) associated with this sample?  
Yes  No

If any hazardous chemicals are present please include an MSDS.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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For **GlycoSolutions** use only.

Date and Time Sample Received: \_\_\_\_\_

Sample Submission Form faxed back.