**EPR SAMPLE SUBMISSION FORM**

**Redox Biology Core**

***For Lab Use Only***

Account Number:

Received by:

Case Coordinator:

Account Type:

Number of Samples:

Date received:

Carrier:

Bill to: Vet Clinic Owner Other

**University of California Davis**

Director: Dr. Cecilia Giulivi

EPR Facility Manager: Sarah Wong (swwwong@ucdavis.edu)

Mailing Address:

To: Sarah Wong

School of Veterinary Medicine

1089 Veterinary Medicine Drive

1020 VetMed 3B

Davis, CA 95616

Phone: 530-752-1438

Email: cgiulivi@ucdavis.edu

PI Name:

Contact Name:

Address:

City:

State/Zip code

Phone:

Email:

Your reference number:

Number of samples:

Date shipped or dropped off:

Storage conditions of samples until submission:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *Laboratory use* | Sample ID | Cell or Tissue Type | Species | Storage conditions (buffers used, ice, dry ice) | Volume of sample provided (ul) | # of replicates to run | Assay needs to be run on fresh samples? |
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Comments:

Signature of Submitter:

Date: