

YIO SAMPLE REQUEST FORM

Date: _____ 2016

(i) Representative (supervisor in the case of a student) and Laboratory

Name	
Affiliation	
Address	
TEL	
E-mail	
Names of all members involved in the research	
Laboratory and institute address (If different from the affiliation of the representative.)	
Delivery address (If different from the above laboratory address.)	

(ii) Requested sample(s) (species, type of sample (tissue or DNA), quantity, preserved condition)

--

Receipt No.: T -