

STUDY # QUOTE # P.O. #

SAMPLE AND DATA DELIVERY INFORMATION

COMPANY	<input type="text"/>	STANDARD REPORT CONTACT(S)	<input type="text"/>
PRIMARY CONTACT(S)	<input type="text"/>		
EMAIL(S)	<input type="text"/>	DATA DELIVERY EMAIL(S)	<input type="text"/>

SAMPLE INFORMATION

SPECIES <input type="checkbox"/> Human <input type="checkbox"/> Other (Specify) <input type="text"/>	MATRIX <input type="checkbox"/> Plasma <input type="checkbox"/> EDTA <input type="checkbox"/> Heparin <input type="checkbox"/> Other (Specify) <input type="text"/>	<input type="checkbox"/> Serum <input type="checkbox"/> TruCulture® <input type="checkbox"/> Urine <input type="checkbox"/> Cell Culture Supernatant <input type="checkbox"/> Other Fluid (Specify) <input type="text"/>
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TESTING SERVICE • Define testing requirements or reference **Quote #** or **Contract ID**
• Please provide a separate electronic sample manifest and sample aliquot for Myriad Autoimmune Vectra® testing

BILL TO

COMPANY	<input type="text"/>	CONTACT	<input type="text"/>
ADDRESS	<input type="text"/>	EMAIL	<input type="text"/>
		TELEPHONE	<input type="text"/>

NOTES

INSTRUCTIONS FOR COMPLETING TESTING SERVICE SUBMISSION FORM

This submission form must be completed to ensure the proper and expeditious processing of your samples. A printed copy of the completed form should be included with the sample shipment. Please identify your samples via electronic manifest, preferably in Excel format, and e-mail to receiving@myriadrbm.com.

Please provide the quote number, study number and PO number in the box at the top of the form which is a required field. Orders received without P.O. or Credit Card information will not be processed. If you are a new customer, please attach a copy of the purchase order to your submission form so we can ensure the billing information is correct. Credit card information is not retained. You must provide credit card information for any orders you are charging on a credit card each time an order is placed.

SAMPLE VOLUME REQUIREMENTS: Volume requirements for MAP and Simoa Service Offerings for serum, plasma and other fluid samples can be found here: <https://myriadrbm.com/order/acceptable-samples/>

SAMPLE AND DATA DELIVERY INFORMATION: Include the company name, telephone number, contact name and email address to where data should be sent and a contact name and email address to where sample inquiries should be addressed.

SAMPLE INFORMATION: Indicate the species, sample type and, if plasma, the anticoagulant by checking the appropriate box.

TESTING SERVICE: Define testing requirements by listing the multiplex(es), analyte(s) and/or Simoa testing services to be completed or list the quote number or contract ID to reference.

SAMPLE MANIFEST: Please identify your samples via electronic manifest, preferably in Excel format. When we receive your shipment, we verify the number of samples and labeled sample identifications against the submitted Sample Manifest. If there is a discrepancy, we will contact you. Samples will not be processed until all samples are properly identified.

Myriad Autoimmune Vectra® TESTING: Serum is the only accepted sample type for Vectra testing. Please include a separate Sample ID Manifest for Vectra testing.

BILL TO: List the company name, address, contact name, telephone number and email address to which services rendered are to be billed.

Ship to: Kalyn Sowell | Rules-Based Medicine | 3300 Duval Rd., Austin, TX 78759
Email this form, sample manifest and tracking information to receiving@myriadrbm.com
Purchase Order: Email orders@myriadrbm.com | Tel: 512.835.8026 | Fax: 512.835.4687
For all other inquiries please email projectmanagement@myriadrbm.com