

## SAMPLE SUBMISSION FORM FOR FFPE ChIP-SEQ

Include this form with all sample shipments

Please fill out all requested information in the form below. Return the completed form to your Active Motif sales representative via email and include a completed hardcopy with your sample shipment.

### Client Information

Company/Institution:			
Investigator Name:			
Purchase Order No.:		Quote No.:	
Mailing Address:			
City, State:			
Postal Code:		Country:	
E-mail:		Telephone:	

### Person to receive results (Indicate if same as Investigator above)

Recipient Name:			
Mailing Address:			
City, State:			
Postal Code:		Country:	
E-mail:		Telephone:	

### FFPE Sample Requirements:

#### Sample Types

Active Motif can accept any type of FFPE material independent of age or size.

#### Sample preparation and requirements

- **Blocks:** Active Motif can receive any tissue blocks. We will use a microtome to prepare sections (i.e. slices, curls) from the blocks.
- **Curls:** Use a microtome and slice 10 X 10mm sections for each ChIP reaction. Minimal requirement is 5 X 10 $\mu$ m sections and maximal is 20 X 10 $\mu$ m sections per ChIP reaction. Provide curls in 1.5 ml microcentrifuge tubes, 5 curls per tube.
- **Slides:** Active Motif will accept slides. Please provide 10 X 10 $\mu$ m sections on slides. Minimal requirement is 5 slides with 10 $\mu$ m sections and maximal is 20 slides with 10 $\mu$ m sections per ChIP reaction.

### SHIPPING INSTRUCTIONS:

1. All samples pertaining to the order must be shipped together. Ship samples Monday through Wednesday. Do not ship over a weekend or for Saturday delivery.
2. FFPE Samples can be shipped at room temperature.
3. Antibodies (if applicable) should be shipped overnight, according to the shipping temperature recommended by the antibody vendor. Ship for morning delivery using a suitable carrier.
4. Please ship to one of the following Active Motif locations:

**Active Motif, Inc.**  
**Attention: Services**  
**1914 Palomar Oaks Way, Suite 150**  
**Carlsbad, CA 92008 USA**  
**760-431-1263**

**Active Motif S.A.**  
**Waterloo Atrium**  
**Drève Richelle 167 – boîte 4**  
**BE-1410 Waterloo Belgium**  
**+32 (0)2 653 0001**

**Do any of these samples contain infectious material?      Yes      No**

**Sample Information**

No.	Sample Name	Block, Curl or Slide	Number of Curls or Slides	Cell or Tissue Type*	Species	Other Comments

*\*Cell or Tissue Type refers to organ type, cellular origin and/or disease model.*

### **Antibody Information**

If you are providing the antibodies for your assay, please complete the table below. If antibodies are from a third party vendor, provide the third party recommended shipping/storage conditions and ship appropriately.

<b>Antibody Target</b>	<b>Vendor</b>	<b>Cat #</b>	<b>Lot #</b>	<b>Concentration</b>	<b>Species</b>	<b>Storage Condition</b>