

NIS Characterization Samples Shipping Form



Company:

Date:

Name:

Email:

Tracking #:

Carrier:

Shipping Method:

Total # of Aliquots/Vials (including buffers):

Additional items in the package (concentrators, syringe filters, etc.):

This is a GMP project

Quality Agreement Name:

We cannot accept samples above biosafety level 2 (BSL-2). If you are unsure about the safety level of your sample(s), please talk to your NIS contact before sending your sample(s).

BSL-level:

OEB-level(if applicable):

What safety precautions do you take when working with these samples? (e.g. Fume Hood, BSC, double gloving)

Please provide what information you can about the general types of samples in this package:

What temperature should these samples be stored at until the day of sample preparation?

What temperature should these samples be worked with?

How long are the samples stable at the storage temperature?

How long are the samples stable after thaw (if arriving frozen)?

Refreeze sample(s) after use?

A freeze/thaw cycle prior to grid prep is ok, if needed.

Refreezing method (if applicable)

Please detail any sample handling procedures beyond thawing/freezing below (e.g. incubation temps, reconstitution instructions, sample mixing instructions)

Please provide any additional sample handling information not covered in the previous fields:

Important!

1. Please make sure that your package has enough ice/ice packs to maintain temperature during shipment
2. If shipping your samples in dry ice, please put your aliquots in a secondary container so that no tubes are accidentally lost- especially if the tubes are clear
3. Ensure that sample tubes are labeled uniquely and correspond to the descriptions on this form
4. Include at least 1-2mL of sample-appropriate buffer
5. Please make sure that you are sending your package to the correct NIS facility:

NIS-WEST

Attn: Sample Receiving
4940 Carroll Canyon Road
Suite #115
San Diego, CA 92121
(888) 675-8261

NIS-EAST

Attn: Sample Receiving
4-C Gill Street
Woburn, MA 01801
(888) 878-4871

Sample Specific Information

Cryoprotectants and sugars (e.g. glycerol, sucrose) can cause issues with grid prep and imaging, possibly resulting in delays. Please indicate **sample composition** and component concentrations for each sample. If the samples contain cryoprotectants/sugars, **please provide an additional buffer** without them that may be used for troubleshooting. Please indicate the minimum concentration of cryoprotectant necessary for sample stability, if relevant.

Sample #1

Preferred Sample Name:

No. and Volume of sample in aliquots (e.g.: 2X 50µL):

Concentration (if known) :

State:

Sample Composition:

Sample #2

Preferred Sample Name:

No. and Volume of sample in aliquots (e.g.: 2X 50µL):

Concentration (if known) :

State:

Sample Composition:

Sample #3

Preferred Sample Name:

No. and Volume of sample in aliquots (e.g.: 2X 50µL):

Concentration (if known):

State:

Sample Composition:

Sample #4

Preferred Sample Name:

No. and Volume of sample in aliquots (e.g.: 2X 50µL):

Concentration (if known):

State:

Sample Composition:

Sample #5

Preferred Sample Name:
No. and Volume of sample in aliquots (e.g.: 2X 50µL):
Concentration (if known): State:
Sample Composition:

Sample #6

Preferred Sample Name:
No. and Volume of sample in aliquots (e.g.: 2X 50µL):
Concentration (if known): State:
Sample Composition:

Buffer 1

Buffer Information

Buffer Name: Volume:
Buffer Composition:

Corresponding Samples:

Buffer 2

Buffer Name: Volume:
Buffer Composition:

Corresponding Samples:

Buffer 3

Buffer Name: Volume:
Buffer Composition:

Corresponding Samples: