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| **(For official use only)****RIHS-LAB-FM-02**Request no. ………………………. |
| **Sample Receiving Form** |
| **Division of Laboratory for Research**, **Research Institute for Health Sciences (RIHS)** |
| Walailak University, 222 Thai Buri, Tha Sala District, Nakhon Si Thammarat 80160 Tel. 0-7567-2600 |
|  |
| **Part I: Client information** |
| Name-Surname:  | Job title:  | School/ Department:  |
| Contact Tel:  | E-mail:  |
| Please provide name and address for invoice/ receipt:  |
| **Part II: Specimen/sample detail** |
| Sample type:  | Number of sample:  |
| **Please choose the analytical testing services**  |
|  Tissue processing and paraffin sectioning |  H&E Staining |
|  DNA extraction by using the commercial kits |  RNA extraction by using the commercial kits |
|  Confocal laser scanning microscope (CLSM) |  High Performance - Liquid Chromatography (HPLC ‎) |
|  Experimental animals toxicity study | Others (Please specify: ) |
| Specimen harvesting method (please attach documents)   |
|  | Specimen dispatcher ......................................(………………………………………………….)Date ……............................... |
| **Part III: For official use only** |
| * Specimen received
 |  Specimen received, with incomplete information on: Incomplete form Others  |  Specimen rejection* Specimen harvesting and transportation are under improper conditions
* Specimen container is damaged
* Small volume/incomplete specimen
* Others
 |
|  | Specimen recipient .......................................................... (………………………………………………….)Date ……............................... |