Great Midwest Laboratories

Specimen Submission Form

Sample intake, test request & chain-of-custody record

2329 Chaffee Dr · St. Louis, Missouri 63146
Tel. (314) 918-5494 · info@gmwlabs.com

Laboratory Use Only

GML WORK ORDER NO.

DATE / TIME RECEIVED

Please contact the laboratory before collecting samples to confirm containers, preservation, quantity and turnaround. One form per shipment.

1. Client Information

COMPANY / INSTITUTION	CONTACT NAME	TITLE / ROLE

STREET ADDRESS	CITY	STATE	ZIP

TELEPHONE	EMAIL (RESULTS WILL BE SENT HERE)	ADDITIONAL REPORT RECIPIENTS (EMAIL)

PROJECT NAME / STUDY REFERENCE	GML QUOTE NO.	PURCHASE ORDER NO.

2. Billing Information

☐ Same as client information above ☐ Invoice ☐ Purchase order ☐ Credit card (lab will call) ☐ Grant / internal account

BILLING CONTACT	BILLING EMAIL / PHONE	ACCOUNT / GRANT NO.

3. Analyses Requested

Enter the code(s) for each specimen in the log on page 2

Molecular Biology

- ☐ **M1** DNA / RNA extraction
- ☐ **M2** PCR / real-time qPCR
- ☐ **M3** Illumina MiSeq sequencing
- ☐ **M4** Oxford Nanopore sequencing
- ☐ **M5** Bioanalyzer / fluorometric QC

Chromatography & Mass Spec.

- ☐ **C1** GC / GC-MS
- ☐ **C2** Ion chromatography
- ☐ **C3** UHPLC / fluorescence
- ☐ **C4** HR Orbitrap LC-MS
- ☐ **C5** Targeted analyte panel

Specialty & Custom

- ☐ **S1** Bioreactor (CSTR) study
- ☐ **S2** Liquid scintillation counting
- ☐ **S3** 35S / Cr distillation
- ☐ **S4** Custom project (describe)
- ☐ **S5** Other (describe below)

TARGET ANALYTES / METHOD OR KIT REQUESTED	DETECTION LIMITS / REFERENCE ORGANISM OR STANDARD

PROJECT OBJECTIVE & SPECIAL INSTRUCTIONS

4. Turnaround & Reporting

Standard turnaround is 1 week from receipt · rush & expedited subject to surcharge

Turnaround: ☐ Standard (1 week) ☐ Rush (confirm) ☐ Expedited (pre-arranged)

RESULTS NEEDED BY (DATE)

Deliverables: ☐ PDF report ☐ Excel / EDD ☐ Raw data files (FASTQ, .raw, etc.) ☐ QC summary ☐ Certificate of analysis

5. Sample Hazards, Storage & Disposal

Disclosure of hazards is required

Hazards: ☐ None known ☐ Biological (BSL-1) ☐ Biological (BSL-2) ☐ Chemical / toxic ☐ Flammable ☐ Radioactive

Store at: ☐ Ambient ☐ Refrigerated 2–8 °C ☐ Frozen −20 °C ☐ Ultra-low −80 °C ☐ Protect from light

After testing: ☐ Laboratory disposal (standard, after 30 days) ☐ Return to client (fees apply) ☐ Archive (fees apply)

HAZARD DETAILS, SDS REFERENCE, OR HANDLING PRECAUTIONS

Please complete in ink or fill electronically. Incomplete forms may delay analysis. Retain a copy for your records.

Specimen Log & Chain of Custody

Great Midwest Laboratories

COMPANY / INSTITUTION	PROJECT NAME / REFERENCE	TOTAL NO. OF CONTAINERS

6. Specimen Log

One row per container · label each container with its Client Sample ID

No.	Client Sample ID	Collection Date	Time	Matrix Code	Container Type	Qty / Vol.	Preservative	Analysis Codes	Remarks / Conc.
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									

MATRIX CODES: BL Blood / serum / plasma · TS Tissue · SW Swab · CU Culture / isolate · NA Extracted DNA/RNA · WA Water · SO Soil / sediment · PL Plant · FD Food / feed · WW Wastewater · SL Sludge · OI Oil / solvent · AR Air / filter · SD Solid / powder · LQ Other liquid · OT Other (describe in Remarks)

ANALYSIS CODES: From Section 3 (M1–M5, C1–C5, S1–S5). Separate multiple codes with commas.

7. Shipment & Chain of Custody

Sign and date each transfer of custody

DELIVERY METHOD / CARRIER	TRACKING / AIRBILL NO.	DATE SHIPPED	PACKED WITH (ICE, DRY ICE, ETC.)

Relinquished By (signature / print)	Date / Time	Received By (signature / print)	Date / Time
1.			
2.			
3.			

8. Client Certification

I certify that the information provided is accurate, that all known hazards have been disclosed, and I authorize Great Midwest Laboratories to perform the analyses requested under its standard terms and conditions. I agree to pay for services rendered, including any applicable rush, return or storage fees.

AUTHORIZED SIGNATURE	PRINTED NAME	DATE

Laboratory Use Only — Sample Receipt

Custody seals intact	Containers intact	Labels match form	Received on ice	Within hold time
☐ Y ☐ N ☐ N/A	☐ Y ☐ N ☐ N/A	☐ Y ☐ N ☐ N/A	☐ Y ☐ N ☐ N/A	☐ Y ☐ N ☐ N/A

TEMPERATURE ON RECEIPT (°C)	THERMOMETER ID	CONTAINERS RECEIVED	RECEIVED BY (INITIALS)	DISCREPANCIES NOTED

Please complete in ink or fill electronically. Incomplete forms may delay analysis. Retain a copy for your records.