ALLELE LIFE SCIENCES

Sample Submission Forms

One form per service category — complete and submit alongside your sample so our lab can log, store and process it correctly from the moment it arrives.

Please complete all sections in block letters. Use one form per sample batch and retain a copy for your records.

- GENOMICS ASSAY
- PROTEIN ANALYSIS
- CELL-BASED ANALYSIS
- IMMUNOLOGY ASSAY
- BIOANALYTICAL ASSAY
- ANALYTICAL TESTING

Noida, Uttar Pradesh, India

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ALLELE LIFE SCIENCES · GENOMICS LAB

Genomics Assay — Sample Submission Form

Form No: **SSF-GEN-01**

Date: _____

1 CLIENT / INSTITUTION DETAILS

NAME

DESIGNATION / PROGRAM (E.G. PH.D., M.SC.)

INSTITUTION / ORGANISATION

DEPARTMENT / PI / SUPERVISOR NAME

ADDRESS

PHONE / WHATSAPP

EMAIL

2 SAMPLE DETAILS

TOTAL NO. OF SAMPLES

DATE OF COLLECTION

DATE OF SUBMISSION

SR. NO.	SAMPLE ID	DESCRIPTION / SOURCE	QUANTITY / VOLUME	CONCENTRATION
1				
2				
3				

- ☐ Genomic DNA
- ☐ Total RNA
- ☐ Whole Blood
- ☐ Tissue
- ☐ Bacterial / Fungal Culture
- ☐ Plasmid / Vector

STORAGE CONDITION AT SUBMISSION — ROOM TEMP / 2–8°C / –20°C / –80°C / DRY ICE / OTHER (SPECIFY)

3 TESTS REQUESTED

- ☐ DNA Sequencing (NGS)
- ☐ Real-Time PCR (qPCR)
- ☐ Metagenomic Sequencing
- ☐ DNA Methylation Analysis
- ☐ Mutation Analysis
- ☐ Gene Cloning Services

OTHER / SPECIFY TARGET GENE, PRIMERS OR PANEL

4 TURNAROUND & REPORTING

- ☐ Standard Turnaround
- ☐ Urgent (subject to approval)
- ☐ Report by Email (PDF)
- ☐ Hard Copy Report

5 DECLARATION & SIGN-OFF

SUBMITTED BY

NAME & SIGNATURE

DATE

FOR LAB USE ONLY

RECEIVED BY / DATE / SAMPLE CONDITION ON RECEIPT

ALLELE LIFE SCIENCES · PROTEOMICS LAB

Protein Analysis — Sample Submission Form

Form No: **SSF-PRO-02**

Date: _____

1 CLIENT / INSTITUTION DETAILS

NAME

DESIGNATION / PROGRAM (E.G. PH.D., M.SC.)

INSTITUTION / ORGANISATION

DEPARTMENT / PI / SUPERVISOR NAME

ADDRESS

PHONE / WHATSAPP

EMAIL

2 SAMPLE DETAILS

TOTAL NO. OF SAMPLES

DATE OF COLLECTION

DATE OF SUBMISSION

SR. NO.	SAMPLE ID	DESCRIPTION / SOURCE	QUANTITY / VOLUME	CONCENTRATION
1				
2				
3				

- ☐ Cell Lysate
- ☐ Tissue Extract
- ☐ Recombinant Protein Sample
- ☐ Serum / Plasma
- ☐ Purified Antibody
- ☐ Other

STORAGE CONDITION AT SUBMISSION — ROOM TEMP / 2–8°C / –20°C / –80°C / DRY ICE / OTHER (SPECIFY)

3 TESTS REQUESTED

- ☐ Protein Purification
- ☐ Protein Analysis
- ☐ Antibody Purification
- ☐ Amino Acid Analysis
- ☐ Protein Mass Spectrometry
- ☐ Enzyme Analysis

OTHER / SPECIFY TARGET PROTEIN, TAG OR EXPECTED MW

4 TURNAROUND & REPORTING

- ☐ Standard Turnaround
- ☐ Urgent (subject to approval)
- ☐ Report by Email (PDF)
- ☐ Hard Copy Report

5 DECLARATION & SIGN-OFF

SUBMITTED BY

NAME & SIGNATURE

DATE

FOR LAB USE ONLY

RECEIVED BY / DATE / SAMPLE CONDITION ON RECEIPT

ALLELE LIFE SCIENCES · CELL BIOLOGY LAB

Cell-Based Analysis — Sample Submission Form

Form No: **SSF-CEL-03**

Date: _____

1 CLIENT / INSTITUTION DETAILS

NAME

DESIGNATION / PROGRAM (E.G. PH.D., M.SC.)

INSTITUTION / ORGANISATION

DEPARTMENT / PI / SUPERVISOR NAME

ADDRESS

PHONE / WHATSAPP

EMAIL

2 SAMPLE DETAILS

TOTAL NO. OF SAMPLES

CELL LINE / PASSAGE NO.

DATE OF SUBMISSION

SR. NO.	SAMPLE ID	DESCRIPTION / SOURCE	QUANTITY / VOLUME	VIABILITY (%)
1				
2				
3				

- ☐ Cultured Cell Line
- ☐ Primary Cells
- ☐ Test Compound / Drug
- ☐ Cell Lysate
- ☐ Frozen Vial (Cryopreserved)
- ☐ Other

STORAGE / SHIPPING CONDITION — LIVE CULTURE / CRYO (DRY ICE) / ROOM TEMP / 2–8°C / OTHER (SPECIFY)

3 TESTS REQUESTED

- ☐ Cell Biology Studies
- ☐ Cytotoxicity Assay
- ☐ Genotoxicity (Micronucleus) Assay
- ☐ Oxidative Stress Assay
- ☐ Apoptosis (TUNEL) Assay
- ☐ Flow Cytometry Analysis

OTHER / SPECIFY TEST COMPOUND CONCENTRATIONS & EXPOSURE TIME

4 TURNAROUND & REPORTING

- ☐ Standard Turnaround
- ☐ Urgent (subject to approval)
- ☐ Report by Email (PDF)
- ☐ Hard Copy Report

5 DECLARATION & SIGN-OFF

SUBMITTED BY

NAME & SIGNATURE

DATE

FOR LAB USE ONLY

RECEIVED BY / DATE / SAMPLE CONDITION ON RECEIPT

ALLELE LIFE SCIENCES · IMMUNOLOGY LAB

Immunology Assay — Sample Submission Form

Form No: **SSF-IMM-04**

Date: _____

1 CLIENT / INSTITUTION DETAILS

NAME

DESIGNATION / PROGRAM (E.G. PH.D., M.SC.)

INSTITUTION / ORGANISATION

DEPARTMENT / PI / SUPERVISOR NAME

ADDRESS

PHONE / WHATSAPP

EMAIL

2 SAMPLE DETAILS

TOTAL NO. OF SAMPLES

DATE OF COLLECTION

DATE OF SUBMISSION

SR. NO.	SAMPLE ID	DESCRIPTION / SOURCE	QUANTITY / VOLUME	DILUTION / TITRE
1				
2				
3				

- ☐ Serum
- ☐ Plasma
- ☐ Tissue Section
- ☐ Cell Lysate
- ☐ Purified Antibody
- ☐ Other

STORAGE CONDITION AT SUBMISSION — ROOM TEMP / 2–8°C / –20°C / –80°C / DRY ICE / OTHER (SPECIFY)

3 TESTS REQUESTED

- ☐ Western Blot Analysis
- ☐ Immunofluorescence Microscopy
- ☐ ELISA Assay
- ☐ Basic Immunology Analysis

OTHER / SPECIFY TARGET ANTIGEN, ANTIBODY OR CYTOKINE PANEL

4 TURNAROUND & REPORTING

- ☐ Standard Turnaround
- ☐ Urgent (subject to approval)
- ☐ Report by Email (PDF)
- ☐ Hard Copy Report

5 DECLARATION & SIGN-OFF

SUBMITTED BY

NAME & SIGNATURE

DATE

FOR LAB USE ONLY

RECEIVED BY / DATE / SAMPLE CONDITION ON RECEIPT

ALLELE LIFE SCIENCES · BIOANALYTICAL LAB

Bioanalytical Assay — Sample Submission Form

Form No: **SSF-BIO-05**

Date: _____

1 CLIENT / INSTITUTION DETAILS

NAME

DESIGNATION / PROGRAM (E.G. PH.D., M.SC.)

INSTITUTION / ORGANISATION

DEPARTMENT / PI / SUPERVISOR NAME

ADDRESS

PHONE / WHATSAPP

EMAIL

2 SAMPLE DETAILS

TOTAL NO. OF SAMPLES

DATE OF COLLECTION

DATE OF SUBMISSION

SR. NO.	SAMPLE ID	DESCRIPTION / SOURCE	QUANTITY / VOLUME	COLLECTION SITE
1				
2				
3				

- ☐ Plant Extract
- ☐ Environmental Sample
- ☐ Microbial Culture
- ☐ Tissue Section
- ☐ Nanomaterial
- ☐ Other

STORAGE CONDITION AT SUBMISSION — ROOM TEMP / 2–8°C / –20°C / –80°C / DRY ICE / OTHER (SPECIFY)

3 TESTS REQUESTED

- ☐ Nanotechnology Assays
- ☐ Phytochemistry Analysis
- ☐ Parasitology Analysis
- ☐ Biological Assay
- ☐ Microbial Analysis
- ☐ Histopathology Services

OTHER / SPECIFY TARGET ORGANISM, COMPOUND CLASS OR STAIN REQUIRED

4 TURNAROUND & REPORTING

- ☐ Standard Turnaround
- ☐ Urgent (subject to approval)
- ☐ Report by Email (PDF)
- ☐ Hard Copy Report

5 DECLARATION & SIGN-OFF

SUBMITTED BY

NAME & SIGNATURE

DATE

FOR LAB USE ONLY

RECEIVED BY / DATE / SAMPLE CONDITION ON RECEIPT

ALLELE LIFE SCIENCES · ANALYTICAL CHEMISTRY LAB

Analytical Testing — Sample Submission Form

Form No: **SSF-ANL-06**

Date: _____

1 CLIENT / INSTITUTION DETAILS

NAME

DESIGNATION / PROGRAM (E.G. PH.D., M.SC.)

INSTITUTION / ORGANISATION

DEPARTMENT / PI / SUPERVISOR NAME

ADDRESS

PHONE / WHATSAPP

EMAIL

2 SAMPLE DETAILS

TOTAL NO. OF SAMPLES

BATCH / LOT NO.

DATE OF SUBMISSION

SR. NO.	SAMPLE ID	DESCRIPTION / COMPOSITION	QUANTITY / VOLUME	SOLVENT USED
1				
2				
3				

- ☐ Liquid Formulation
- ☐ Solid Formulation / Powder
- ☐ Raw Material
- ☐ Plant / Herbal Extract
- ☐ Reference Standard Supplied
- ☐ Other

STORAGE CONDITION AT SUBMISSION — ROOM TEMP / 2–8°C / –20°C / LIGHT-PROTECTED / OTHER (SPECIFY)

3 TESTS REQUESTED

- ☐ HPLC Analysis
- ☐ Gas Chromatography (GC)
- ☐ GC-MS Analysis
- ☐ LC-MS Analysis
- ☐ Fluorimetry Analysis
- ☐ UV-Vis Spectrophotometry

OTHER / SPECIFY ANALYTE(S), EXPECTED CONCENTRATION RANGE OR METHOD REFERENCE

4 TURNAROUND & REPORTING

- ☐ Standard Turnaround
- ☐ Urgent (subject to approval)
- ☐ Report by Email (PDF)
- ☐ Hard Copy Report

5 DECLARATION & SIGN-OFF

SUBMITTED BY

NAME & SIGNATURE

DATE

FOR LAB USE ONLY

RECEIVED BY / DATE / SAMPLE CONDITION ON RECEIPT