**A close up of a sign

Description automatically generated**

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**Ultrasensitive Biomarker Testing Service**

**Thank you for choosing RayBiotech’s Simoa Testing Service. Please completely fill out the below information and include it in your shipment to ensure proper and timely processing.**

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| **# of Samples (min. 10)** |  | **Submission Date** |  |
| **Analyte to be tested** |  | **Contact Name** |  |
| **Contact Telephone** |  |
| **Indicate if samples contain HIV, hepatitis or other viruses** |  | **Contact Email** |  |
| **Payment: credit card, P.O., wire transfer or check** |  | **Billing Contact Name/Number** |  |
| **University/Institution** |  | **Quote #** |  |
| **Specify sample storage time at RayBiotech if >3 months after final report delivery**  **(extra fees apply)** |  | **Additional Info/ Special Instructions** |  |

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| Please note that each sample container needs to be labelled with two unique identifiers, the sample number and the sample ID. Please specify the suggested dilution or concentration range if known. If you do not specify, we will dilute using our best judgment. Different cytokines have different detection sensitivities so for a given dilution one or more cytokines may be out of the detectable range of the assay. Please note that samples run at several dilutions or re-running samples at different dilutions will be considered as additional samples.  **NOTE:** Any leftover sample remaining after the service is complete will be stored at -80˚C, and then discarded after 90 days. Please contact us if you wish to have your remaining samples returned to you. |

| Sample # | Sample ID | Sample Type | Sample Volume (µl) | Suggested Dilution | Protein Concentration | Any toxic or infectious materials? | Indicate Groups |
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