

**Total DNA Assay with the Threshold® System**  
**Test Article Supplemental Information Form**

To comply with the GMP regulations and to assist in the proper handling an accurate evaluation of your test article, please provide the following information. Please complete this form an return with your test samples:

Test Article Designation:

\_\_\_\_\_

(This designation will be reflected in the raw data and final report. Please indicate the Lot number if applicable.)

Origin of the test sample (e.g. human or animal origin):

\_\_\_\_\_

Characterisation of the sample (non-obligatory):

name or category \_\_\_\_\_

molecular weight: \_\_\_\_\_ pl: \_\_\_\_\_

solubility, stability: \_\_\_\_\_

other informations: \_\_\_\_\_

Formulation Description (for liquids only. Please include buffer concentration, pH, salt concentration, osmolality etc.):

\_\_\_\_\_  
\_\_\_\_\_

Recommended Formulation Solution/Solvent(s) (for solid samples only):

\_\_\_\_\_  
\_\_\_\_\_

Storage Requirements: \_\_\_\_\_

Precautions in Handling/Disposal: \_\_\_\_\_

**SAFETY & REGULATORY INFORMATION**

In order to protect laboratory personnel, to comply with the German regulations for the proper management of biohazardous material, we ask that the following information be provided about the material(s) being submitted for testing:

Presence of Etiologic Agent(s): No / Yes (Please name) \_\_\_\_\_

Biosafety Containmant Level: \_\_\_\_\_

Is this study to be submitted to (a) Regulatory Agency (ies): No / Yes (Please name):

\_\_\_\_\_  
\_\_\_\_\_

**AUTHORISED REPRESENTATIVE & BILLING INFORMATION**

By submitting to Glycotope a completed copy of this form and a signed copy of the Summary Protocol(s), it is understood that the Sponsor assumes responsibility for the completeness and availability of the studies described in the summary protocol(s). Services to be provided shall in all respects be subject to and governed by the Terms & Conditions of Glycotope Biotechnology.

\_\_\_\_\_  
Signature of Authorised Representative      Date

\_\_\_\_\_  
Glycotope Quotation Number

\_\_\_\_\_  
Please print Name of Authorised Representative

\_\_\_\_\_  
Sponsor P.O. Number

\_\_\_\_\_  
Sponsor Company Name

\_\_\_\_\_  
Billing Address (if different from Authorised Representative)

\_\_\_\_\_  
Street Address/PO Box

\_\_\_\_\_  
Street Address/PO Box

\_\_\_\_\_  
City                      State/Country                      Postal Code

\_\_\_\_\_  
City                      State/Country                      Postal Code

\_\_\_\_\_  
Authorised Representative's Telephone No

\_\_\_\_\_  
FAX No

\_\_\_\_\_  
e-mail address