

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