

### Sample Submission Form

Project ID:

**Principal Investigator:**

**Email and Tel:**

**Contact Person:**

**Email and Tel:**

**Project Title:**

Grant Information associated project:

**Rational of the Project:**

**Type of Sample:**

**Cells (> 3 million per sample):**

**Number of Samples:**

**Tissue (> 50 mg):**

**Fluid (>200 µL):**

**Number of Replications:**

**Group Comparisons:**

**Service Requested:**

Metabolomics

Metabolic Flux

Lipidomics

**Name of the Assays:**

**iLab Request ID:**

Signature of Principal Investigator and Date