



Biospecimen Sample Inquiry Form

Thank you for your interest in our biospecimen sample service. Please fill out following information and, email to contact@obio.science. We will reply as soon as we can.

Name: _____ Date: _____

Email: _____ Phone: _____

Name of your company/institution: _____

1. Type of sample format

- FFPE tissue Frozen tissue OCT compound tissue Whole organ
 Serum Plasma Whole blood Other: _____

2. Type of donor

- Normal
 Tumor

Location of tumor: _____, pathological diagnosis _____

Stage: _____ Grade: _____ Other criteria: _____

- Autoimmune disease

Name of disease: _____

- Cranial nerve disease

Name of disease: _____

- Infectious disease

Name of disease: _____

- Others

Name of disease: _____

For diseased donor samples, do you also need negative control samples? Yes No

3. Number of sample(s): _____ Volume/size: _____

Donor's age range: _____ Gender: _____ Ethnicity: _____

4. Exclusion criteria: _____

Inclusion criteria: _____

Need by: _____

Note: _____

Would you like to receive our exclusive offer & newsletter? Yes No