|  |
| --- |
| ***Contact person : Project ID : 009\_xxxx***Surname : …………First Name : …………Company/Institute : …………Function : …………Phone : …………E-mail : ………… |

**Type of sample :**

* DNA – RNA [ ]
* Fixed cells [ ]
* Cryo preserved cells [ ]
* Tissue [ ]
* Blood/Serum/plasma [ ]
* Other [ ]

**Origin :**

* Plant [ ]
* Animal [ ]
* Human [ ]
* Other [ ]

| **Contamination status of the samples** |
| --- |
| [ ]  **Unknown/ Non tested** |
| [ ]  **Not contaminated** |
| [ ]  **Contaminated** | **CR\*** | **Transmission method\*\*** | **Inactivation** |
| **H** | **A** |
|  Bacteria : |  |  |  | [ ]  Yes [ ]  No |
|  Virus : |  |  |  | [ ]  Yes [ ]  No |
|  Fungi and yeasts : |  |  |  | [ ]  Yes [ ]  No |
|  Parasites : |  |  |  | [ ]  Yes [ ]  No |
|  Others : |  |  |  | [ ]  Yes [ ]  No |

*Please specify the category of risk (CR) for human (H), and/or animal (A) as well as transmission method of the pathogen (micro-)organisms handled.*

\*Category of risk based on the belgian reference list. <https://www.biosecurite.be/node/286>.

\*\* Transmission via parenteral inoculation (for example using a biological vector), ingestion, inhaling, mucous contact, skin contact (damaged or not)…

In case of inactivation please specify the method applied: …………

Method used to assess the inactivation: …………

|  |
| --- |
| **GMO (Genetically Modified Organism, regardless of the method used):** |
| Receiving organism :  |  |
| Origin organism :  |  |
| Vector :  |  |
| Insert : |  |
| Function of the product expressed by the insert : |  |
| Resulting GMO :  |  |
| Resulting Category of Risk of the GMO : |  |

Diagenode grants itself the right to refuse to take the samples in according to the information given in the present form.

By signing this form, I acknowledge the fact that the information given is true and accurate.

***Person in charge :***

Surname : …………

First Name : …………

Function : …………

Phone : …………

E-mail : …………

Done in [City] on the [Date]

Signature :