

## EPIGENETICS SERVICES SAMPLE SUBMISSION CHECK LIST

Please use this checklist to make sure your samples arrive safe and in a timely manner to our Services lab.

Ensure that 5-10 kg (10-20 lbs.) of dry ice is included in shipment

Secure samples in a box inside shipping container. *Please avoid loose tubes in shipping container*

Make sure name/number on sample tube matches the sample name/number listed on the Sample Submission form

Include quote number in Sample Submission form

Include completed Sample Submission form in shipment

Upon sample shipment, send an email notification to [episervices@activemotif.com](mailto:episervices@activemotif.com) containing the following information:

- Quote number
- Shipment tracking number
- Attach an electronic copy of sample submission form

**Please do not ship samples before the order has been placed**

If you have any questions, please contact your local account manager.

## SAMPLE SUBMISSION FORM

Include this form with all sample shipments

Please fill out all requested information in the form below. Send electronic copy to [episervices@activemotif.com](mailto:episervices@activemotif.com) and include a completed hard copy with your sample shipment.

### Client Information

Company/Institution:			
Investigator Name:			
Purchase Order #:		Quote #:	
Mailing Address:			
City, State:			
Postal Code:		Country:	
E-mail:		Telephone:	

### Person to receive results (Indicate if same as Investigator above)

Recipient Name:			
Mailing Address:			
City, State:			
Postal Code:		Country:	
E-mail:		Telephone:	

### IMPORTANT GUIDELINES:

Customer will prepare samples according to [protocols provided by Active Motif](#).

We require customer samples to meet our quality standards before proceeding with the service. If the samples do not meet the required standards, we will notify the customer and may request replacement samples. Any additional processing required to assess the quality of the samples may be charged to the customer.

**We cannot accept infectious material unless the sample is formaldehyde-fixed.**

Samples must be shipped to Active Motif within 6 months of placing the purchase order. Delays in shipments to Active Motif may result in a delay to the project and price adjustments.

For projects including antibody sourcing, Active Motif will order the antibody upon receiving the purchase order and this portion of the project will be invoiced upon arrival of the antibody from the vendor.

For services on cryopreserved cells, please measure viability using Trypan Blue, AO/PI staining, flow cytometry, or other appropriate method before cryopreservation. Please thaw a test sample to perform your own viability check and indicate result in "Other Comments" section below.

For Single-Cell Services on cryopreserved cells, we measure viability and proceed with all samples that are >70% viable. Samples that are 50-70% viable are considered at-risk and we can proceed with your permission. **Please indicate in the comments if you would like us to proceed with samples that are >70% viable.** For samples <50% viable we will not proceed and we will ask for replacements.

Original samples and intermediate material, such as NGS libraries, will be stored at Active Motif for up to 12 months after data delivery. After 12 months, Active Motif reserves the right to discard the samples and intermediate materials. The return shipment of samples and/or libraries is available upon request and will be at the customer's expense for processing and shipping.

Data files will be available for 3 months after delivery, after which Active Motif reserves the right to delete the files. Active Motif is not responsible for data retention or retrieval after deletion, as specified in the Bioinformatics Analysis Request Form.

## SHIPPING INSTRUCTIONS:

1. All samples pertaining to the order must be shipped together. Ship samples Monday through Wednesday. Do not ship over a weekend or for Saturday delivery.
2. Ship cell and tissue samples on 5-10 kg (10-20 lbs.) dry ice, overnight, for morning delivery using a suitable common carrier. Ensure that samples are contained in a box within the shipping container and not loose in shipping container. Purified DNA samples can be shipped at -20°C.
3. Antibodies (if applicable) should be shipped overnight, for morning delivery using a suitable common carrier.
4. Please ship to the address listed below:

**Active Motif, Inc.**  
**Attention: Services**  
**1914 Palomar Oaks Way, Suite**  
**150 Carlsbad, CA 92008 USA**  
**760-431-1263**

Quote Number:



If multiple tubes are to be pooled into a single reaction, please use the same name in the “sample name” column and provide the numbers of the tubes to be pooled under “Pool with Sample #.”

For frozen tissue, please indicate if you would like us to use the entire sample for a single reaction or if we may excise a portion.

### Sample Information

#	Sample Name	Assay	Pool with Sample #	Cell Line, Primary Cells or Tissue <sup>1</sup>	Cell Type <sup>2</sup>	Species	Number of Cells or Weight	Sample for Antibody Test?	Other Comments DNase treatment? (Y/N), Viability (%), Proceed with 50-70% viable cells? (Y/N)	Fixed (Y/N)
								Yes		Yes
								No		No
								Yes		Yes
								No		No
								Yes		Yes
								No		No
								Yes		Yes
								No		No
								Yes		Yes
								No		No

<sup>1</sup> If using a cell line, write the name of the cell line in the provided space. If using primary cells or tissue, indicate “primary cells” or “tissue”. Other suitable answers may be biopsy, xenograft, sorted primary, etc.

<sup>2</sup> Cell type refers to cellular origin or tissue type. For example, if using HL60 cells, cell type would be promyelocytic leukemia. Other answers might include T-cells, CD4+ T-cells, hepatocytes, neurons, etc.

Quote Number:



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								Yes		Yes
								No		No
								Yes		Yes
								No		No
								Yes		Yes
								No		No
								Yes		Yes
								No		No
								Yes		Yes
								No		No
								Yes		Yes
								No		No
								Yes		Yes
								No		No
								Yes		Yes
								No		No
								Yes		Yes
								No		No

Quote Number:



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								Yes No		Yes No
								Yes No		Yes No
								Yes No		Yes No
								Yes No		Yes No
								Yes No		Yes No
								Yes No		Yes No
								Yes No		Yes No
								Yes No		Yes No
								Yes No		Yes No

**Quote Number:**



**Antibody Information**

If you are providing the antibodies for your assay, please complete the table below. If antibodies are from a third-party vendor, provide the third party recommended shipping/storage conditions and ship appropriately.

Antibody Target	Vendor	Catalog #	Lot #	Concentration and volume	Species	Storage Condition

**Quote Number:**



### **Additional Information**

Please use this page to provide any additional information, recommendations, or data about your samples that may assist us to provide the best possible service.