|  |  |  |
| --- | --- | --- |
| lifelines-logo-40px-RGB | Checklist Lab request  | iDocument: 26205Version 10Datum: 20240105 |

|  |  |
| --- | --- |
| **Projectnumber (OV/IV)**  |  |
| **Title** |  |
| **Researcher** |  |
| **E-mail / Tel. no.** |  |

# Purpose:

With this form the researcher specifies the sample request (what and how to be delivered). Deviations to the in this form mentioned standard offered possibilities are possible but has to be discussed with Lifelines Lab and may result in delay in shipment and/or recalculation of costs. This form has to be filled in completely by the researcher. The Lifelines lab officer and research officer will review the form.

# Parameters to be analysed:

|  |  |
| --- | --- |
| **Which parameters**: |  |
| **Number of parameters**: |  |

# Material:

[ ]  Plasma:

 [ ]  EDTA

[ ]  Serum:

 [ ]  Gel-tube [ ]  Clot Activated\*

[ ]  Urine:

 [ ]  24-hours

[ ]  Early morning sample \*\*\* [ ]  Time overnight \*\*

[ ]  DNA

[ ]  Whole blood

[ ]  Hair

\*Sample type not available for participants under 18 years of age or from 3OR

\*\* Sample type only present for children

\*\*\* sample type only present for baseline

# Number and amount of sample:

Note: sample numbers should match the number in the proposal. All liquid samples, except for DNA, will be prepared with 10% extra volume to compensate for any loss due to evaporation or pipetting errors.

## Plasma

|  |  |
| --- | --- |
| **Number of samples**: |  |
| **Volume (µl)**: |  |
| **How many aliquots of each sample?** |  |
| **Same amount in each aliquot?** | [ ]  Yes [ ]  No |
| **If not, which volume per aliquot (µl)?** | 1 | µl |
|  | 2 | µl |
|  | 3 | µl |
|  | 4 | µl |
| **Exclusion criteria :**  | [ ]  Hemolytic [ ]  Lipemic  |
|  | [ ]  Other:  |

## Serum

|  |  |
| --- | --- |
| **Number of samples**: |  |
| **Volume (µl)**: |  |
| **How many aliquots of each sample?** | Kies een item. |
| **Same amount in each aliquot?** | [ ]  Yes [ ]  No |
| **If not, which volume per aliquot (µl)?** | 1 | µl |
|  | 2 | µl |
|  | 3 | µl |
|  | 4 | µl |
| **Exclusion criteria:**  | [ ]  Hemolytic [ ]  Lipemic  |
|  | [ ]  Other:  |

## Urine

|  |  |
| --- | --- |
| **Number of samples**: |  |
| **Volume (µl)**: | µl |
| **How many aliquots of each sample?** | Kies een item. |
| **Same amount in each aliquot?** | [ ]  Yes [ ]  No |
| **If not, which volume per aliquot (µl)?** | 1 | µl |
|  | 2 | µl |
|  | 3 | µl |
|  | 4 | µl |

## DNA

|  |  |
| --- | --- |
| **Number of samples**: |  |
| **Volume (µl)**: | **µl** |
| **Concentration (ng/µl)\*:** | Kies een item. |
| **Dilution fluid** | [ ]  TE [ ]  Hydration Solution [ ]  Ultrapure H2O |
| **How many aliquots of each sample?** | Kies een item. |
| **Same amount in each aliquot?** | [ ]  Yes [ ]  No |
| **If not, which volume per aliquot (µl)?** | 1 | µl |
|  | 2 | µl |
|  | 3 | µl |
|  | 4 | µl |
| **Exclusion criteria:**  | [ ]  Minimum concentration (ng/µl) |
|  | [ ]  260/230 ratio |
|  | [ ]  260/280 ratio |

\*Please keep in mind that the concentration and volume requisted are in accordance with the minimal concentration

## Hair

|  |  |
| --- | --- |
| **Number of samples**: |  |
| **Minimal length required (cm):** |  |

## Whole blood

|  |  |
| --- | --- |
| **Number of samples**: |  |

# Type of delivery plate/tubes and sealing:

Note: we advise using plates with a heat seal or 2D tubes to avoid risks of evaporation. After delivery and thawing, all plates should be centrifuged to remove liquid that is attached to the seals. The puncturable heat seal is advised for single use. The sticker seal is advised when plates have to be resealed between assays. Please choose your plate/tube type and seal type.

[ ]  A= 2D Screwcap (Thermo, 1.0ml 2D tubes with screwcap, Sterilized, art.no.

BC30564)

[ ]  B= 2D LvL (LvL, 1.0ml 2D tubes with septum Sterilized, art.nr. 226.01.BL

(tube) + PC96-WHI-PS (septum))

# [ ]  C= 2,5ml tube (Screw cap tube, 2.5 ml, (LxØ): 75 x 13 mm, conical false bottom,

 rounded tube bottom, PP, without cap)

[ ]  D= PCR plate (Greiner, PP-PCR-Plate 96 wells, skirted, art.no. 652270)

[ ]  puncturable heat seal (advised)

[ ]  removable heat seal (advised)

[ ]  sticker seal

[ ]  E= PCR plate (4Titude, FrameStar 96 non skirted, art.no. 4ti-0710/C)

[ ]  puncturable heat seal (advised)

[ ]  removable heat seal (advised)

[ ]  sticker seal

[ ]  F= Half Deep Well (Thermo Scientific, 0.8ml 96 well storage plate, art.no. AB-0765)

[ ]  puncturable heat seal (advised)

[ ]  removable heat seal (advised)

[ ]  sticker seal

[ ]  G= Deep Well (Axygen, 2.0ml 96 well Deep Well Plates Sterilized, art.no. P-DW-

 20-C-S)

 [ ]  puncturable heat seal (advised)

 [ ]  removable heat seal (advised)

 [ ]  sticker seal

# Plate set-up

Empty wells [ ]  Yes, location(s): 4 empty wells, randomly spread across the plates

 [ ]  No

Replicates [ ]  Yes

* Locations:

[ ]  same plate horizontal

[ ]  same plate vertical

[ ]  other plate

* Number of replicates:

 [ ]  Yes

 [ ]  No

# Sample coding

Note: A standard barcoding is used. Please contact the lab in case an alternative code is required.

**Standard coding:** [Projectcode][SampleType][numbering]

Font barcode = Code 39

Example = OVXXXXEDPL001 (EDPL = EDTA plasma)

# Storage and delivery

## Storage temperature after aliquoting

[ ]  RT [ ]  -20°C

[ ]  4°C [ ]  -80°C

## Mode of delivery

[ ]  Shipping

[ ]  Delivery

[ ]  On dry ice: [ ]  Yes [ ]  No

[ ]  In liquid nitrogen: [ ]  Yes [ ]  No

[ ]  Delivery in batches: [ ]  Yes [ ]  No

 If Yes, amount of batches :

 (batchsize should be a multiple of 96 samples)

## Shipping/delivery details

|  |  |
| --- | --- |
| Name organization: |  |
| Name receiver: |  |
| Department: |  |
| Room number: |  |
| Telephone number: |  |
| Street Address: |  |
| Zip code: |  |
| City: |  |
| Country: |  |

# When sample processing and delivery to another lab is required, please fill in the next fields:

|  |  |
| --- | --- |
| Name contact person processing lab: |  |
| Name + location processing lab:  |  |

## Release file

Please provide all data necessary to make the results release data file:

* Name of the method (s) used
* Name of the analytes measured
* Units in which the analytes are measured

Please provide all names and email address to whom the external release data files should be forwarded.

|  |  |  |
| --- | --- | --- |
|  | Name(s) of persons:  | Email addresses: |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |