**Repeat Sample Request Form (complete this form and email to** [**info@genqa.org**](mailto:info@genqa.org)**)**

**Gxxxxx**

**GenQA Laboratory**

**Participant Name:**

**Number:**

**EQA Code: EQA Name:**

**Sample Type** Blood spot Cells DNA FFPE rolled FFPE slides

**Requested:** Fixed cell suspension Fresh Tissue Plasma Saliva

Whole Blood

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Case number** | **Patient Name** | **Patient D.O.B** | **Sample ID/**  **Block Number** | **Amount Required\*** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*\*Please note: Repeat samples supplied will be identical to those sent out originally.*

|  |  |  |
| --- | --- | --- |
| **Reason for repeat sample request** | | |
| **Case number** | **Reason** | **Test methodology** |
|  |  |  |
|  |  |  |
|  |  |  |

**Sample requested by:** …………………………………………………..**. Date:** ………………………

**Laboratory Position:** …………………………………………………………………………….………

|  |  |  |
| --- | --- | --- |
| **For GenQA use only** | | |
| Sample packaged by |  |  |
| Sample checked by |  |  |
| Repeat Sample Spreadsheet completed |  |  |