**Repeat Sample Request Form (complete this form and email to** **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\***  |
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|  |  |  |  |  |
|  |  |  |  |  |

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

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| --- |
| **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 |  |  |