

**Sample Submission Form - Biosciences Technology Facility Metabolomics and Proteomics Laboratory (BTF-MAP lab)**

Both Sections 1 and Section 2 of this form must be completed, and the form signed and dated. The completed form and any attachments should then be emailed to [BTF-MAPlab@york.ac.uk](mailto:BTF-MAPlab@york.ac.uk) *before* any samples are sent. If possible, the completed form should also be printed out and included with your samples. All samples should be sent to:

Goods Inwards  
FAO: Metabolomics & Proteomics Laboratory  
Department of Biology  
University of York  
Wentworth Way  
Heslington  
York YO10 5DD

**Section 1 – Sample Information**

1) Your name:

2) Your email address:

3) Name and address of your institute or company:

4) BTF-MAP lab person who is your primary point of contact:

5) BTF-MAP lab reference or quotation associated with this work (N/A if unknown):

6) Purchase order number associated with this work (if available, please separately attach a .pdf of the purchase order):

7) Number of samples being sent:

8) Sample labels (list here or alternatively attach a separate spreadsheet or document):

## Section 2 – Safety Information

Note that if you answer yes (Y) to any of the following you should discuss the nature of your samples with a BTF-MAP lab staff member and indicate here what the outcome of that discussion was; for example if you need to provide a risk assessment or any other information, which should be attached to his form if more space is needed.

1) Do your samples contain live or potentially infectious biological materials (Y/N)?

2) Do your samples contain toxic, flammable, explosive, or carcinogenic materials (Y/N)?

3) Are you requesting this service as a private individual (i.e. *not* in your capacity as a staff member of a registered company, research or educational institute) (Y/N)?

4) Is there any other safety-related information you need to tell us before we handle your samples (Y/N)?

*I confirm that all the information provided on this form is true and correct.*

*I also confirm that I agree to the BTF [terms and conditions](#) for service work provision.*

Your Name and Signature:

Date: