

**Harvard-Partners Center for Genetics and Genomics  
Requisition Form - BioSample Services Facility**

For Internal Use Only  
Please Barcode Label Here

**Please Note: A completed requisition form must accompany samples for each study participant.**

**Please complete the following information:** (Please print clearly)

**\* REQUIRED FIELDS, MUST BE COMPLETED**

\*Person Preparing Shipment: Name (PRINT CLEARLY PLEASE) \*Phone #: \_\_\_ - \_\_\_ - \_\_\_\_\_

Phlebotomist: Initials \_\_\_\_\_

\*Date of Draw: \_\_ / \_\_ / \_\_ (mo/day/yr)

\*Total Number of Tubes Sent: \_\_\_\_\_

\*Date Shipped: \_\_ / \_\_ / \_\_ (mo/day/yr)

**A. Study and Specimen Information:**

- 1. \*Study Name CODE GLEE
- 2. \*Subject ID Number \_\_\_\_\_
- 3. Gender (Optional) \_\_\_\_\_

**B. \*Services Requested: (Please check all that apply)**

- Transformation
- DNA Extraction
- Buffy Coat Isolation
- Plasma
- Serum
- Special Instructions: \_\_\_\_\_

**Shipping Information:**

Receiving Department  
Attn: BioSample Services Facility  
149 13<sup>th</sup> Street, Room 4325  
Charlestown, MA 02129  
617-724-8053

**Please send an email to [BSF@partners.org](mailto:BSF@partners.org) to inform our lab of incoming samples. Please include bill of lading for PHS Shuttles**

*For Internal Use:*

- 1. Date received: \_\_ / \_\_ / \_\_ (mo/day/yr)
- 2. Received by (Initials): \_\_\_\_\_
- 3. Estimated volume of blood (mL): T: \_\_\_\_\_ BD: \_\_\_\_\_ S/P/BF: \_\_\_\_\_
- 4. Condition of sample: \_\_\_\_\_