

# Sample Submission Form

## Instructions

- 1) Complete all sections of this Sample Submission Form.  
*Please complete electronically when possible (fillable PDF).*
- 2) Save your completed Sample Submission Form.
- 3) Email a copy of your completed Sample Submission Form to your CytoViva contact.
- 4) Once you receive approval from your CytoViva contact to ship your samples, print a copy of your completed Sample Submission Form to include with your sample shipment.  
*\*Please do not ship samples before you receive approval.*
- 5) Package your samples adequately to avoid damage or leakage (if liquid) in transit.
- 6) Unless directed otherwise all samples should be shipped to the following address:

**CytoViva, Inc.**  
**Attention: Sample Imaging Lab**  
**570 Devall Dr.**  
**Suite 301**  
**Auburn, AL 36832**  
**USA**

- 7) As soon as your samples are shipped, please email your CytoViva contact a tracking number so we can ensure your samples are received.
- 8) We will email you a confirmation when your samples are received.

**\*It is our goal to turn samples around as quickly as possible. If we have a backlog of samples we may ask you to temporarily hold your shipment. If the timing of your sample imaging and analysis is urgent please discuss with your CytoViva contact and we will do our best to accommodate you.**

## Please Complete the Following Information

### Your Contact Information

Date:			
Name:			
University / Company Name:			
Address:			
Email:			
Phone:			

### Your CytoViva Contact

CytoViva Contact Name:			
Distributor Company Name (if other than CytoViva):			



## Sample Description

Provide a detailed description of your samples.

Explain the type of samples you are submitting, such as samples fixed on slides, in solution, etc.  
*BASED ON THIS INFORMATION, WE MAY MAKE RECOMMENDATIONS ON HOW TO BEST PREPARE YOUR SAMPLES FOR OPTIMAL RESULTS.*

**Comments:**

## Sample Handling Instructions

We require MSDS or written instructions for handling and storage for all samples.

**This facility has no capabilities for handling toxic or hazardous materials OR for deep freeze.**  
Some samples may be rejected for measurement.

Do your samples require refrigeration? (Check One)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Are your samples light sensitive? (Check One)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**Comments:**



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## Project Objectives

Describe in detail your objectives and desired measurements. Explain how you expect the CytoViva technique will help you to characterize your sample materials.

If you have expectations such as comparable results from previous experiments or other references, please provide as much information as possible. This information will help us conduct the most appropriate imaging and analysis. *If this information is in print, feel free to include additional documents with this submission. If this information is electronic, please email to your CytoViva contact with this form.*

If your experiment is exploratory and you are not sure what useful information this technique can provide, please state this and explain what you would hope to see.

**Comments:**

## Experiments Requested *(Check Below)*

**Enhanced Darkfield Hyperspectral Imaging**

Characterization of spectra or creating spectral libraries and mapping spectra in complex samples such as biologicals, matrices, etc.

**Comments / Desired Results:**

**Dual Mode Fluorescence**

What are the known excitation/emission/lifetime characteristics of the samples fluorescent tags?

**Comments / Desired Results:**

**3D Imaging**

What are the particles or materials you are interested in locating? What are they located in? For example: Cells or tissue? Non-biological matrices?

**Comments / Desired Results:**