

Appendix C

SAMPLE SUBMISSION FORM

Date:
 Sender:
 Company/Institution:
 Contact information:
 (email and or telephone number)

Date of sample collection	Sample type	Volume	Quantity	Sample ID	Protocol Number / Study Identification / Job ID	Comment / brief protocol description
Example: August 08 2018	whole blood in EDTA tube	4mL	1	001	xxx-xxx-001	CTC isolation and enumeration