

Sampling kit dispatched to: Jen Schlauch University of California, Irvine Dept. of Ecology and Evolutionary Biology 321 Steinhaus Hall Irvine, CA 92697-2525 Email: jschlauch@uci.edu	Requested:	<input type="text" value="06-Feb-24"/>	By:	<input type="text" value="Brienne St. Jacques"/>	
	Shipped:	<input type="text" value="07-Feb-24"/>	By:	<input type="text" value="Brienne St. Jacques"/>	
	CCDB Representative:		<input type="text" value="Muhammad Ashfaq"/>		
	Pricing Category:		<input type="text" value="Full Cost Recovery Rate"/>		
	Research Project:		<input type="text" value="UNSPECIFIED"/>		
	Additional comments:		<input type="text"/>		

Sample storage containers dispatched with this Sampling Kit (barcode and description):

CCDB-48503 - microplate

This BMAA applies to the contents of all sample storage containers listed above. It provides a record of Mutually Agreed Terms negotiated between the Provider and Recipient identified below with regards to biological material transfer, the type(s) of analysis to be performed, and memorializes Prior Informed Consent by the Provider to abide by the conditions of said analyses.

1. Provider (Client): <input type="checkbox"/> Please confirm that Provider name and address are correct; specify in Comments if Provider is different.	Jen Schlauch University of California, Irvine Dept. of Ecology and Evolutionary Biology 321 Steinhaus Hall Irvine, CA 92697-2525 Email: jschlauch@uci.edu	2. Recipient (analytical laboratory): Centre for Biodiversity Genomics University of Guelph 50 Stone Road East, Guelph Ontario, Canada N1G 2W1 Phone: +1 (519) 824-4120 ext. 56393 Fax: (519) 824-5703						
	3. Biological Materials: <input type="text" value="Tissue sample"/> Storage conditions: <input type="text" value="room temperature"/>							
4. Analyses requested:* <input type="text" value="Sanger COI single pass 2021 - Refer to attached Work Description overleaf"/>								
5. Special conditions:* (requested by Client or permit issuing authority) <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> Recovery of voucher exoskeletal remains</td> <td><input type="checkbox"/> DNA repatriation</td> </tr> <tr> <td><input type="checkbox"/> Failure tracking (second-pass analysis)</td> <td><input type="checkbox"/> Specimen/tissue repatriation</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other (specify): <input type="text"/></td> </tr> </table>			<input type="checkbox"/> Recovery of voucher exoskeletal remains	<input type="checkbox"/> DNA repatriation	<input type="checkbox"/> Failure tracking (second-pass analysis)	<input type="checkbox"/> Specimen/tissue repatriation	<input type="checkbox"/> Other (specify): <input type="text"/>	
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<input type="checkbox"/> Other (specify): <input type="text"/>								
<p>*NOTICE: A cost-recovery fee will apply to CCDB analytical services, collection processing and all special conditions.</p>								

"I hereby give my Prior Informed Consent to perform analyses of my samples at the Canadian Centre for DNA Barcoding, as per the work description and pricing schedule attached or referenced in this BMAA, in compliance with the special conditions indicated above. I have read, understood and agree to the attached conditions of Biological Material Transfer and policies for data publication and usage. The cost recovery fee will be paid in full prior to the beginning of any work at the CCDB."

On behalf of the Provider of Biological Materials:	Signature:	<input type="text"/>	This BMAA becomes effective when signed by the Provider. Please enclose signed copy with the first shipment of Biological Materials, or email to: lims@ccdb.ca
	Date signed:	<input type="text"/>	

Comments (optional):

