Centre for Chronic Immunodeficiency (CCI)

**Microbiome Core Facility**

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**Microbiome Core Facility submission form**

|  |
| --- |
| **Contact details** |
| Name |  | Department |  |
| Centre |  | Institution |  |
| Email |  | Phone |  |
| Address |  | City, Country |  |

**Sample type**

|  |  |
| --- | --- |
|  | native |
|  | isolated DNA |
|  | in stabilizer (please specify): |  |

**Sample source**

|  |  |
| --- | --- |
|  | feces |
|  | skin |
|  | saliva |
|  | other: |  |

**Organism**

|  |  |
| --- | --- |
|  | human |
|  | mouse |
|  | other: |  |

**Amount of samples: \_\_\_\_\_\_\_\_\_\_**

**Specific requests:**

**Costs for 16sRNA sequencing**

|  |  |
| --- | --- |
| 100€ per sample | batch size: <10 samples |
| 90€ per sample | batch size: 10-50 samples |
| 80€ per sample | batch size: 51-100 samples |
| 75€ per sample | batch size: >100 samples |

**Declaration**

This is to certify the shipments contain samples which are for Research Purpose Only. The samples are not hazardous, not infectious, not HIV positive, not toxic, and not radioactive. No import license is required for this shipment.

|  |
| --- |
| In case this is not an agreed research collaboration, but a service for a fee, the bill shall be sent to: |
|  |  |  |
|  | Name |  |
|  | Address |  |

**Please be aware that we will proceed with the data production and analysis only after we have received the payment**. **I hereby confirm that the patient has signed the GGU patient consent form and/or a local consent form, allowing for the study of his/her condition.**

|  |  |
| --- | --- |
|  |  |
| Date | Signature |