ศูนย์จีโนมทางการแพทย์

CENTER FOR MEDICAL GENOMICS

ชั้น 3 ศูนย์บริการทางการแพทย์ โรงเรียนเรวดี
คณะแพทยศาสตร์โรงพยาบาลรามาธิบดี มหาวิทยาลัยมหิดล
108 ถนนประดิพัทธ์ แขวงสามเสนใน
เขตพญาไท กรุงเทพ 10400
064-620-7399, 064-585-0928 (เบอร์ภายใน 74077)
Line@: @CMGRAMA facebook.com/CMGRama

MICROBIOME TESTING FORM (16S rRNA gene (V1-V9) and the Fungal ITS1 and ITS 2 genes)

SENDER INFORMATION

PRINCIPLE INVESTIGATOR:

CONTACT PERSON:

INSTITUTION:
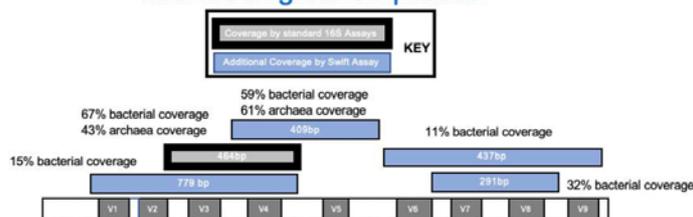
E-MAIL:

TEL:

SAMPLE AND TEST REQUESTED

Number of samples for this batch: _____ samples

	SampleID	Tube Label	Source / Sample Type	Concentration (ng/ul) (At least 1 ng/ul)	Note
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

TEST INFORMATION

- The test targets the entire 16S rRNA gene (V1-V9) and the Fungal ITS1 and ITS2 genes of the sample for microbial identification with the quality of 300K Reads per samples.

TERMS AND AGREEMENT

By signing in this form and sending the sample to the laboratory (Center for Medical Genomics), I acknowledge that I have understood the benefit and the limitation of the microbiome test, and I accept that the sample will be sequenced at the lab by Next Generation Sequencing technology. The laboratory shall not disclose my information to any third party that is not directly related to the agreement and will limit to use the data for improving the service unless the disclosure is required by the law, regulations or orders of the governmental authorities concerned national security and safety in a very exceptional case.

Sender Signature :_____

Sample received Date (CMG):	Received by:	Note: