

SERVICE REQUEST AND INVOICE FORM

Code: F-SG-018_8

Edition nº 07 Date 19/05/2022

| | | |
|--------------------|-----------------------------|------------------|
| Order date: | Expt. ID: BB _____ / | Operator: |
|--------------------|-----------------------------|------------------|

USER DATA - INVOICING DETAILS

| CONTACT INFORMATION | |
|--|--|
| User | Name: |
| | Phone Number: |
| | E-mail: |
| Internal customer (if applicable) | Research Group: |
| | Group / Project Principal Investigator: |
| | Project Reference: |
| | Project cost center: |
| External customer (if applicable) | Invoicing Manager (position): |
| | Name: |
| | E-Mail: |
| | Entity: |
| | VAT Number: |
| INVOICING CONDITIONS | |
| Total amount: | |
| End date and/or report date: | |
| Invoicing date: | |
| Comments: | |

SERVICE CONDITIONS

1. The signature of this application form implies that the project or research group principal investigator has the Informed Consent Document of the source subject, in compliance with the regulation applicable, the "Ley 41/2002 de autonomía del paciente".
2. The samples will be coded, in compliance with current legislation on Data Protection, so that they do not contain identifying data (name and surname, initials or Clinical History number) of the source subject.
3. The investigator has processed the samples according to the protocol provided and/or validated by the IR-HSCSP.
4. The user must contact the platform staff 24 to 96 h in advance to reserve the service.
5. If the user has to cancel a reservation, he/she will notify the platform staff by e-mail (biobanc@santpau.cat)
6. The IR-HSCSP reserves the right to charge a percentage of the total cost of the service in case of its cancellation.

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| | Unit | Unit No. | Unit price | Total price |
|--|-----------------|----------|------------|-------------|
| BIOBANK (LIQUID SAMPLES) | | | | |
| <input type="checkbox"/> Sample processing | | | | |
| <input type="checkbox"/> S-006. Plasma / Serum | 1 sample | _____ | _____ | _____ |
| <input type="checkbox"/> S-007. Cell pellet Isolation | 1 sample | _____ | _____ | _____ |
| <input type="checkbox"/> S-008. Viable PBMC Isolation | 1 sample | _____ | _____ | _____ |
| <input type="checkbox"/> S-009. Automated RNA Extraction | 1 sample | _____ | _____ | _____ |
| <input type="checkbox"/> S-010. Automated DNA Extraction | 1 sample | _____ | _____ | _____ |
| <input type="checkbox"/> S-390. Technician's time | 1 hour | _____ | _____ | _____ |
| <input type="checkbox"/> Sample storage | | | | |
| <input type="checkbox"/> S-011. -80°C Freezer | 1 9x9 criobox | _____ | _____ | _____ |
| <input type="checkbox"/> S-012. N2 Storage Tank | 1 10x10 criobox | _____ | _____ | _____ |
| <input type="checkbox"/> S-013. N2 Storage Tank | 1 5x5 criobox | _____ | _____ | _____ |
| <input type="checkbox"/> Sample Donation | | | | |
| <input type="checkbox"/> S-135. Plasma / Serum | 1 aliquot | _____ | _____ | _____ |
| <input type="checkbox"/> S-136. Cell Pellet | 1 aliquot | _____ | _____ | _____ |
| <input type="checkbox"/> S-137. Live PBMC cells | 1 aliquot | _____ | _____ | _____ |
| BIOBANK (TUMOUR BANK) | | | | |
| <input type="checkbox"/> Sample Donation | | | | |
| <input type="checkbox"/> S-004. OCT-embedded Tissue Donation (slide) | 1 sample | _____ | _____ | _____ |
| <input type="checkbox"/> S-005. OCT-embedded Tissue Donation (tube) | 1 sample | _____ | _____ | _____ |
| COMMENTS: | | | | |

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BIOBANK (IMMUNOHISTOCHEMISTRY)

| | Unit | Unit No. | Unit price | Total price |
|---|------------|----------|------------|-------------|
| <input type="checkbox"/> S-014. Decalcification | 1 cassette | _____ | _____ | _____ |
| <input type="checkbox"/> S-015. Tissue processing | 1 cassette | _____ | _____ | _____ |
| <input type="checkbox"/> S-016. Tissue Cassette Preparation | 1 cassette | _____ | _____ | _____ |
| <input type="checkbox"/> S-017. Paraffin / OCT Tissue Blocking out | 1 block | _____ | _____ | _____ |
| <input type="checkbox"/> S-018. Microtome soft tissue sectioning (1 st section/block) | 1 section | _____ | _____ | _____ |
| Slide type: _____ Microns: _____ | | | | |
| <input type="checkbox"/> S-407. Microtome serial soft tissue sectioning (additional sections/block) | 1 section | _____ | _____ | _____ |
| <input type="checkbox"/> S-019. Microtome bone Sectioning (1 st . section/block) | | | | |
| Slide type: _____ Microns: _____ | 1 section | _____ | _____ | _____ |
| <input type="checkbox"/> S-408. Microtome serial bone sectioning (additional sections/block) | 1 section | _____ | _____ | _____ |
| Slide type: _____ Microns: _____ | | | | |
| <input type="checkbox"/> S-020. Paraffin coating of slides | 1 slide | _____ | _____ | _____ |
| <input type="checkbox"/> S-021. Cryostat sectioning | 1 section | _____ | _____ | _____ |
| Slide type: _____ Microns: _____ | | | | |
| <input type="checkbox"/> S-409. Serial cryostat sectioning | 1 section | _____ | _____ | _____ |
| <input type="checkbox"/> Immunohistochemistry (Autostainer AS48) | | | | |
| <input type="checkbox"/> S-022. Single Immunostaining | 1 slide | _____ | _____ | _____ |
| <input type="checkbox"/> S-023. Double Immunostaining | 1 slide | _____ | _____ | _____ |
| <input type="checkbox"/> S-024. Antigen retrieval | 1 slide | _____ | _____ | _____ |
| <input type="checkbox"/> Staining | | | | |
| <input type="checkbox"/> S-025. Haematoxylin / eosin Staining | 1 slide | _____ | _____ | _____ |
| <input type="checkbox"/> S-026. Giemsa (May-Grünwald) Staining | 1 slide | _____ | _____ | _____ |
| <input type="checkbox"/> S-027. Oil Red Staining | 1 slide | _____ | _____ | _____ |
| <input type="checkbox"/> S-028. Masson's Trichrome Staining | 1 slide | _____ | _____ | _____ |
| <input type="checkbox"/> S-029. PAS Staining | 1 slide | _____ | _____ | _____ |
| <input type="checkbox"/> S-030. Wright Staining | 1 slide | _____ | _____ | _____ |
| <input type="checkbox"/> S-031. Alcian Blue Staining | 1 slide | _____ | _____ | _____ |
| <input type="checkbox"/> S-032. Safranin Staining | 1 slide | _____ | _____ | _____ |
| <input type="checkbox"/> S-365. Sirius Red Staining | 1 slide | _____ | _____ | _____ |

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| <input type="checkbox"/> S-033. Tissue microarray (TMA) construction | 1 core | _____ | _____ | _____ |
| <input type="checkbox"/> S-034. FISH (probes not included; up to 8 slides) | 1 slide | _____ | _____ | _____ |
| <input type="checkbox"/> S-035. FISH (probes not included) (additional slides) | 1 slide | _____ | _____ | _____ |
| <input type="checkbox"/> S-036. Slide Scanning (automatic mode) | 1 slide | _____ | _____ | _____ |
| <input type="checkbox"/> S-037. Slide Scanning (manual mode) | 1 slide | _____ | _____ | _____ |
| <input type="checkbox"/> S-134. Data analysis | 1 hour | _____ | _____ | _____ |

UNASSISTED USE OF EQUIPMENT (Pavilion 11)

| | | | | |
|--|--------|-------|-------|-------|
| <input type="checkbox"/> S-362. Paraffin embedding station | 1 hour | _____ | _____ | _____ |
| <input type="checkbox"/> S-363. Microtome | 1 hour | _____ | _____ | _____ |
| <input type="checkbox"/> S-364. Cryostat | 1 hour | _____ | _____ | _____ |

CONSUMABLES:

| | | | | |
|---|--------|-------|-------|-------|
| <input type="checkbox"/> S-366. Microtome blade | 1 unit | _____ | _____ | _____ |
| <input type="checkbox"/> S-367. Cryostat blade | 1 unit | _____ | _____ | _____ |
| <input type="checkbox"/> S-368. "Superfrost" microscope slide | 1 unit | _____ | _____ | _____ |

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| INMUNOHISTOCHEMISTRY - SAMPLE DETAILS | | | |
|--|--------------------|---|--------------------------|
| No. | Sample Name | Primary antibody (Name, dilution and species in which it has been generated) | Linker * (yes/no) |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |
| 13 | | | |
| 14 | | | |
| 15 | | | |
| 16 | | | |
| 17 | | | |
| 18 | | | |
| 19 | | | |
| 20 | | | |
| 21 | | | |
| 22 | | | |
| 23 | | | |
| 24 | | | |

* To amplify the signal of primary antibodies

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TO BE FILLED BY THE FACILITY STAFF

| | | |
|--|---|--------------|
| Previous user training required | N/A | |
| | Pre-trained user | |
| | Training provided by Facility Staff | Date: |
| Usage guidelines | <ul style="list-style-type: none"> - It is necessary to receive prior training for unassisted use of equipment - It is necessary to book equipment for its unassisted use - It is necessary to bring this form along with the material to be processed - It is necessary that the samples are identified in a coded way | |
| Comments | | |

By signing this application form, the client undertakes to follow the internal regulations of the Platform / Service, to take at all times the precautionary measures according to the risks identified for the activity, as well as to communicate any type of incident detected to the technical staff.

| Approval of the Entity (Invoicing Manager for the external client) | Approval of the Platform Responsible / Technician | Approval of the Research Group / Project Principal Investigator |
|---|--|--|
| Name: | Name: | Name: |
| Signature: | Signature: | Signature: |
| Date: | Date: | Date: |