

Custodian Access Request

PLEASE FILL IN THE TABLE BELOW TO FACILITATE ACCESS AND TRANSPORT OF YOUR DNA COLLECTION HELD IN THE WADB

Requestor's Name	
Name of Study	
Date of Application <i>(dd/mm/yyyy)</i>	
Date Samples required by <i>(dd/mm/yyyy)</i>	
Dilution required per sample <i>(eg. 20 ng/ul)</i>	
Diluent	
Total volume required per sample <i>(eg. 50 ul)</i>	
Number of DNA samples required 1. Selected samples only (attach a list in Excel format) 2. All samples stored for study	
Method 1. Aliquoted into 0.5 ml screw cap vials 2. Aliquoted into 96 well plates 3. Aliquoted into 384 well plates	
Transport Details 1. You will personally collect your samples 2. You require the WADB to deliver the samples 3. Please retain the samples for Genotyping	
<i>Please Indicate method (eg Taqman, Illumina etc) (If Option 3)</i>	
Name and Contact Details for Delivery of samples <i>(if Option 2)</i>	
<i>Name</i>	
<i>Address</i>	
<i>Phone</i>	
<i>Email</i>	

I/We confirm I/we have authorised the above Access request to DNA samples

Signed: _____

Signed: _____

Print Name: _____

Print Name: _____

Sample Delivery

Samples Received by: _____ Date: _____

Please submit completed Application forms to the WADB Manager

By email: tegan.mcnab@uwa.edu.au

By post: WA DNA Bank, M409, The University of Western Australia, 35 Stirling Highway, Crawley, 6009