

# CITIZEN SCIENCE - SAMPLE SUBMISSION & PROCESSING FORM (FUNGI ID)

Please complete the relevant fields below and enclose with your samples.

## Your details

\*Required fields

Client reference:	Client name*:
Please confirm your e-mail for results*:	
<b>If you are a new client, please also complete our New Client Request form</b>	
If you are an existing/new client and do not have your client reference yet please also confirm:	
House name/no:	Postcode:

## Payment details

4 working day turnaround <b>£34.99</b> (per sample incl. VAT) <input type="checkbox"/>				
Discount code <b>£29.99</b> incl. VAT <input type="checkbox"/>		Discount code		
<b>Amount: £</b> internal only		<b>Date of payment: internal only</b>		
Payment Method	Please select	Information	INTERNAL Reference	INTERNAL Initials
I have paid online		Please confirm your order no:		
Credit or debit card		Square® payment link sent via email upon sample receipt		
Cash		Hand delivered samples only.		
Cheque		Made payable to Complement Genomics.		
chXout Invoice Account (For pre-approved clients only)		You will be sent an invoice from accounts@comp geno.com.		
I require an invoice/ VAT receipt		Sent as soon as possible following case completion.		

The working day your sample(s) arrive at the laboratory is classed as 'day 0.' Please note that we do not operate on weekends or bank holidays.

Any results obtained from this service are for interest only and should be used in combination with taxonomic studies where possible. We do not make recommendations regarding the edibility of fungi species and results should not be interpreted as confirmation that a sampled fungus is safe to be eaten at any time. chXout® will not confirm the identification of psilocybe/magic mushroom species.

- ☐ I hereby accept the chXout® Terms and Conditions of Sale ([www.chxout.com/terms-conditions](http://www.chxout.com/terms-conditions))
- ☐ I hereby accept consent to Complement Genomics Ltd holding my personal information for the purpose of processing orders and keeping me (or my company) updated. I understand that I may withdraw this consent at any time whereupon Complement Genomics will destroy my records.

Signed .....

Date .....

Internal only: Sample logging			
Case reference:	Date of receipt:	Results due:	Signature:
	Date of logging in:		
Invoicing			
Reference:	Date:	Initials:	

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CLIENT SAMPLE INFORMATION				INTERNAL ONLY	
Sample		Location	Please provide any notes as applicable Please advise if unknown or N/A if not applicable <small>* which part/area of the organism is the sample from?</small>	Visual check & notes	
1	Sample ID	Location name	Sample type*: _____ Suspected species: _____ Substrate (soil, grass etc): _____ Associated organism: _____ Texture/colour/smell: _____ Other _____	<input type="checkbox"/>	
	Date of collection	Grid reference			
	Photo provided? Y <input type="checkbox"/> N <input type="checkbox"/>	Habitat type			
2	Sample ID	Location name	Sample type*: _____ Suspected species: _____ Substrate (soil, grass etc): _____ Associated organism: _____ Texture/colour/smell: _____ Other _____	<input type="checkbox"/>	
	Date of collection	Grid reference			
	Photo provided? Y <input type="checkbox"/> N <input type="checkbox"/>	Habitat type			
3	Sample ID	Location name	Sample type*: _____ Suspected species: _____ Substrate (soil, grass etc): _____ Associated organism: _____ Texture/colour/smell: _____ Other _____	<input type="checkbox"/>	
	Date of collection	Grid reference			
	Photo provided? Y <input type="checkbox"/> N <input type="checkbox"/>	Habitat type			
Any additional client notes:				Additional notes:	