

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*:	
If you are a new client, please also complete our New Client Request form	
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 £42.00 (per sample incl. VAT)				
Amount: £ internal only		Date of payment: internal only		
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**.

Please note that results should be used in combination with taxonomic studies of fungi. Results are for research purposes only and should not be interpreted as confirmation that a fungus is safe to be eaten at any time.

- ☐ I hereby accept the chXout® Terms and Conditions of Sale (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 * which part/area of the organism is the sample from?	Visual check & notes	
1	Sample ID	Location name	Sample type*: _____ Suspected species: _____ Substrate (soil, grass etc): _____ Associated organism: _____ Texture/colour/smell: _____ Other _____	☐	
	Date of collection	Grid reference			
	Photo provided? Y ☐ N ☐	Habitat type			
2	Sample ID	Location name	Sample type*: _____ Suspected species: _____ Substrate (soil, grass etc): _____ Associated organism: _____ Texture/colour/smell: _____ Other _____	☐	
	Date of collection	Grid reference			
	Photo provided? Y ☐ N ☐	Habitat type			
3	Sample ID	Location name	Sample type*: _____ Suspected species: _____ Substrate (soil, grass etc): _____ Associated organism: _____ Texture/colour/smell: _____ Other _____	☐	
	Date of collection	Grid reference			
	Photo provided? Y ☐ N ☐	Habitat type			
Any additional client notes:				Additional notes:	