**Contact Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | | |
| **Position** |  | | |
| **Department** |  | **Institution** |  |
| **Telephone** |  | **Email** |  |
| **Estimated start date** | Click or tap to enter a date. | **Quote #** |  |
| **Designation**  **(select one)** | UNSW  TCRN member  External | | |

Complete Section A for tissue processing and/or Section B for blood/saliva processing.

**Section A: Tissue processing & storage**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Total # of samples | Storage (VP/-80oC) | Biorepository use |
| **Tissue cut-up** |  |  | $ |
| **DNA extraction** |  |  | $ |
| **RNA extraction** |  |  | $ |
| **Section A Total** | | | $ |

**Section B: Blood/Saliva processing & storage**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Total # of samples | Storage (VP/-80oC) | Biorepository use |
| **DNA extraction (from blood)** |  |  | $ |
| **RNA extraction (from blood)** |  |  | $ |
| **Serum/plasma isolation** |  |  | $ |
| **Cell pellet** |  |  | $ |
| **DNA extraction (from saliva)** |  |  | $ |
| **RNA extraction (from saliva)** |  |  | $ |
| **Section A Total** | | | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| Biorepository use only | Section A total | Section B total | **Total cost** |
| $ | $ | $ |

Email the completed specimen processing cost estimate form to Biorepository@unsw.edu.au