|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| TRANSACCIÓN DE MUESTRAS  SAMPLE TRANSACTION | | | | | | | | | | | | | | | | | |
| Código del presupuesto aceptado  Accepted Budget ID | | | | |  | | | | | | | | | | | | |
| Fecha de la transacción  Transaction date | | | Haga clic aquí para escribir una fecha. | | | | | | Nº de transacción Transaction number | | | | | | A rellenar por el centro|To be filled by the center | | |
| IDENTIFICACIÓN DE LA PERSONA Y/O CENTRO EMISOR  PERSONAL / ISSUING CENTER DETAILS | | | | | | | | | | | | | | | | | |
| Nombre | Name | | |  | | | | | | | | | | | | | | |
| Centro | Company | | |  | | | | | | | | | | | | | | |
| Dirección | Address | | |  | | | | | | | | | | | | | | |
| Teléfono | Phone Number | | |  | | | | | | | | | | | | | | |
| E-Mail | | |  | | | | | | | | | | | | | | |
| MUESTRAS ENTREGADAS  SAMPLES DELIVERED | | | | | | | | | | | | | | | | | |
| Código usuario | User code  A rellenar por el centro|To be filled by the center | | | | | | | Tipo de muestra y presentación  Sample type and format | | | | | | | | | Número de muestras  Number of samples | |
|  | | | | | | | Elija un elemento. | | | | | | | | |  | |
|  | | | | | | | Elija un elemento. | | | | | | | | |  | |
|  | | | | | | | Elija un elemento. | | | | | | | | |  | |
|  | | | | | | | Elija un elemento. | | | | | | | | |  | |
|  | | | | | | | | Muestras en total | Total samples | | | | | | | |  | |
| Tª de recepción  Reception temperature | |  | | | | | | Tª de conservación  Storage temperature | | | | | |  | | | |
| Observaciones  Observations | |  | | | | | | | | | | | | | | | |
| LA HOJA DE TRANSACCIÓN DE MUESTRAS DEBE IR SIEMPRE ACOMPAÑADA DE UNO DE LOS SIGUIENTES ANEXOS  ONE OF THE FOLLOWING APPENDANT SHOULD BE ALWAYS ATTACHED TO THIS FILE | | | | | | | | | | | | | | | | | |
| ANEXO I: TEJIDOS Y BIOFLUIDOS  APPENDANT I: TISSUES & BIOFLUID | | | |  | | ANEXO II: ADN  APPENDANT II: DNA | | | | |  | | ANEXO III: ARN  APPENDANT I: RNA | | | |  |
| Nombre del responsable del envío  Responsible for shipping | | | | | | | | | | Nombre del responsable de recogida  Responsible for picking up | | | | | | | |
|  | | | | | | | | | |  | | | | | | | |
| Fecha | Date | Haga clic aquí para escribir una fecha. | | | | | | | | | Fecha | Date | | Haga clic aquí para escribir una fecha. | | | | | |