

CCGP Reference Genome Tissue Submission Form

To submit tissues for reference genome generation, please complete this form, include a printed copy with each shipment, and email a digital copy to each destination.

Taxon Name		
Tissue Types and Approximate Amounts (describe each tube, if applicable)		
Date of Collection	Collection Locality (include coordinates)	
Additional Information (optional)		

Sender Name		Sender email	
CCGP Project PI Name		PI email	
Collector Name		Collector email	
Sample Accession Info/Voucher Number (if applicable)			