

FUNGARIUM

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National Biobank of Thailand (NBT),
National Science and Technology Development Agency (NSTDA),
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Sample returning form

Reference #: _____
Notified by: _____
Notified date: _____

No.	Original code	BBH Number	Inspection Date	Notified	
				Sample condition	Additional data
1.					<input type="checkbox"/> Verified name/ <input type="checkbox"/> Description/ <input type="checkbox"/> DNA
2.					<input type="checkbox"/> Verified name/ <input type="checkbox"/> Description/ <input type="checkbox"/> DNA
3.					<input type="checkbox"/> Verified name/ <input type="checkbox"/> Description/ <input type="checkbox"/> DNA
4.					<input type="checkbox"/> Verified name/ <input type="checkbox"/> Description/ <input type="checkbox"/> DNA
5.					<input type="checkbox"/> Verified name/ <input type="checkbox"/> Description/ <input type="checkbox"/> DNA
6.					<input type="checkbox"/> Verified name/ <input type="checkbox"/> Description/ <input type="checkbox"/> DNA
7.					<input type="checkbox"/> Verified name/ <input type="checkbox"/> Description/ <input type="checkbox"/> DNA
8.					<input type="checkbox"/> Verified name/ <input type="checkbox"/> Description/ <input type="checkbox"/> DNA
9.					<input type="checkbox"/> Verified name/ <input type="checkbox"/> Description/ <input type="checkbox"/> DNA
10.					<input type="checkbox"/> Verified name/ <input type="checkbox"/> Description/ <input type="checkbox"/> DNA
11.					<input type="checkbox"/> Verified name/ <input type="checkbox"/> Description/ <input type="checkbox"/> DNA
12.					<input type="checkbox"/> Verified name/ <input type="checkbox"/> Description/ <input type="checkbox"/> DNA
13.					<input type="checkbox"/> Verified name/ <input type="checkbox"/> Description/ <input type="checkbox"/> DNA
14.					<input type="checkbox"/> Verified name/ <input type="checkbox"/> Description/ <input type="checkbox"/> DNA
15.					<input type="checkbox"/> Verified name/ <input type="checkbox"/> Description/ <input type="checkbox"/> DNA
16.					<input type="checkbox"/> Verified name/ <input type="checkbox"/> Description/ <input type="checkbox"/> DNA
17.					<input type="checkbox"/> Verified name/ <input type="checkbox"/> Description/ <input type="checkbox"/> DNA
18.					<input type="checkbox"/> Verified name/ <input type="checkbox"/> Description/ <input type="checkbox"/> DNA
19.					<input type="checkbox"/> Verified name/ <input type="checkbox"/> Description/ <input type="checkbox"/> DNA
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22.					<input type="checkbox"/> Verified name/ <input type="checkbox"/> Description/ <input type="checkbox"/> DNA
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26.					<input type="checkbox"/> Verified name/ <input type="checkbox"/> Description/ <input type="checkbox"/> DNA
27.					<input type="checkbox"/> Verified name/ <input type="checkbox"/> Description/ <input type="checkbox"/> DNA
28.					<input type="checkbox"/> Verified name/ <input type="checkbox"/> Description/ <input type="checkbox"/> DNA
29.					<input type="checkbox"/> Verified name/ <input type="checkbox"/> Description/ <input type="checkbox"/> DNA
30.					<input type="checkbox"/> Verified name/ <input type="checkbox"/> Description/ <input type="checkbox"/> DNA

(_____)
BBH staff signature

Date: _____