

SAMPLING INFORMATION SHEET

Please complete the form below and attach it to the sampling tube using the rubber band provided

Date of sample collection
(YYYY/MM/DD)

Sampling location
(please provide GPS coordinates when possible)

Photo the sampling location and submit it to
microbial.interactions.lab@gmail.com, with a unique ID as a header
(use your initials, followed by your year of birth to create your ID, e.g. JS98)

If we get a phage from your sample, how would
you like us to name it?

Alternatively, you can use the [QR code](#)



If you want to know if we isolated a phage from your sample, please leave us your name and e-mail

Name

E-mail

