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Sample input data

** required*

CONTACT

First and last name

Contact person

Contact email*

Phone

Institution/Company

Address

Company identification number

Tax identification number

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SAMPLES

Your label*

Sample type

Origin

Is there additional material?

SAMPLING

Year

Location

Country

Map coordinates

Finding situation

Collection

INFLUENCES

In location

Wet sample storage

After sampling

Preservation

Preliminary processing

Chemical processing

OTHER

What problem do you solve?

Comments