

Sample Submission Form for PCR and sequencing

Contact information for results:

INSTITUTION:	NAME:
EMAIL:	PHONE:
STREET:	CITY, STATE, ZIP:

Contact information for billing:

NAME:	EMAIL:
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Give ID of sample and make sure tubes are labeled accordingly. Please enter type of tissue you are submitting as well as the test you are requesting for PCR. Submit multiple forms if necessary.

Sample ID	Species	Tissue and Sampling Date	PCR/qPCR Requested
1.			
2.			
3.			
4.			
5.			

Please ship samples overnight to:

April Childress
University of Florida
2015 SW 16th Ave
Building 1017 Room V2-186
Gainesville, FL 32608
Phone 352-294-4420

LABORATORY USE ONLY: Accession #/Sample/Date

1.		
2.		
3.		
4.		
5.		