

# SAMPLE SUBMITTAL FORM

ACCUGEN LABORATORIES, INC.

2121 West Army Trail Road, Addison, IL 60101

Tel: 630-789-8105 • Toll Free: 800-282-7102 • Fax: 630-812-2219

<http://www.accugenlabs.com> • E-Mail: [info@accugenlabs.com](mailto:info@accugenlabs.com)

SPONSOR: \_\_\_\_\_ DATE : \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

#	TEST ORDERED	SAMPLE ID	Lot #
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			

Rush order (additional charges will apply)

**SAMPLE STORAGE INSTRUCTION**

Store at Room temperature upon arrival      Refrigerate upon arrival      Freeze upon arrival

All Samples will be discarded after testing Unless/Otherwise Indicated below

Discard Samples                                  Retain Samples                                  Return Samples

Shipping Account # \_\_\_\_\_

**TESTING INSTRUCTIONS**

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PAYMENT METHOD	Purchase Order #		Accugen Quote # If applicable	
	Check			
	Credit Card	VISA	MC	AMEX CVV #
	<u>CARD #</u>	CARD #	EXP.DATE	
		ADDRESS : Do not write if same as above		

**AUTHORIZATION SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>For Lab Use Only</b>	Sample Condition	
<u>Sample inspected and logged By:</u>		<u>Date</u>
<u>Sample Received by:</u>		<u>Date</u>