

PCR SAMPLE SUBMISSION FORM

Office: 802-540-0148 | Fax: 802-540-0147

480 HERCULES DR. SUITE 101

COLCUECTED	VT OF 44C
COLCHESTER,	VI 05446

COMPANY	BIA ACCOUNT	Ι.	
NAME:	NUMBER:		RESULTS WILL
BILLING	CONTACT:		
ADDRESS:			
BILLING	PHONE NUMBER:		
EMAIL:	THONE NOWBER.		
PURCHASE		•	All results will be
ORDER #:			Bia Diagnostics

RESULTS WILL BE SENT TO THE FOLLOWING EMAIL ADDRESS(ES):

All results will be shared only with the parties listed on this form unless Bia Diagnostics receives official notification of additions to this list.

DESCRIPTION OF SAMPLE	creen	reen		GMO Corn GMO										So	y		FOR BIA USE ONLY						
(AS YOU WOULD LIKE IT TO APPEAR ON THE CERTIFICATE OF ANALYSIS)	Total Meat Sc Vegan Screen		Total Meat Screen Vegan Screen		GMO Screen	Bt11	MON810	MON89034	NK603	DAS-59122-7	MON88017	TC1507	MIR604	T25	GA21	MIR162	GTS-40-3-2	MON89788	A5547-127	A2704-12	DAS-44406	FG72 (GT27)	BIA ID#

Notes:			
1101631			

This sample submission form acts as the chain of custody for your sample. Please physically include it in the package when sending your samples. The company listed on this form as the submitter of the samples assumes all financial responsibility for work or product requested on this form. If additional testing becomes necessary, additional notification and agreement of financial responsibility will ensue.

FOR BIA USE ONLY:	Employee ID:	Date and Time Entered:				