

Therion International, LLC

Bird Sexing Sample Submission Form

Client Name: _____
 Address: _____

 Phone #: _____
 Fax #: _____
 E-mail: _____
 Date: _____

Report to (if different):
 Client Name: _____
 Address: _____

 Phone #: _____
 Fax #: _____
 E-mail: _____
 Date: _____

Sample Type: blood
 (circle) feathers

Samples sent (list by identification number or name):

	Species	Sample Identification
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Follow the instructions in the Sample Collection Procedure. Include Sample Submission Form and Payment in package (both required).