

Sample Submission Form

Please fill out all information below and send with sample shipment

Bill to:
Name _____

Report to:
Name _____

Address _____

Address _____

Attention _____

Attention _____

Phone _____

Phone _____

E-mail _____

E-mail _____

PO # (required) _____
include copy if available

Total number of samples
(this shipment) _____

Date shipped _____

Species/Breed _____

Please make sure every sample is labeled.

Sample Type: Whole Blood Tissue Tail Tip
(circle) Cell Pellet Other (specify) _____

Test(s) Requested: Identity Parentage Verification Relatedness
(circle) Characterization Quality Control Developmental Project

Shipper's Signature: _____

Please call Therion International prior to shipping samples!!!