



Laboratory Animal Sample Submission Form

Please fill out all information below and send with sample shipment

Report to:

Name _____

Bill to:

Name _____

Address _____

Address _____

Phone _____

Phone _____

E-mail _____

E-mail _____

PO # (required) _____

include copy if available

Total number of samples
(this shipment) _____

Date shipped _____

Species _____

Line _____

Background Strain _____

Please attach sample list

Please make sure every sample is labeled.

**Sample Type:
(circle)**

Tail Tip

Ear Clip

Whole Blood

Tissue

Other (specify) _____

**Test(s) Requested:
(circle)**

DNA Amplification (microinjected)

Southern Blot

DNA Amplification (knockout)

Background Strain Characterization

Speed Congenics

Transgene Copy Number

Shipper's Signature: _____

Please call/e-mail Therion International prior to shipping samples!!!

(518) 584-4300 or gergits@theriondna.com