

# Sample Submission Form for PCR and sequencing

Sampling Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Name and billing address of institution submitting sample:

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Give ID or name of sample so that you will be able to identify from results. Enter specifically the host species, as this is needed for PCR testing method. Please enter type of tissue you are submitting as well as the test you are requesting for PCR. Submit multiple forms if necessary.

ID/Name	Species	Tissue submitted	PCR Requested
1.			
2.			
3.			
4.			
5.			

Please ship samples overnight priority mail to:

April Childress  
University of Florida  
2015 SW 16<sup>th</sup> Ave  
Building 1017 Room V2-238  
Gainesville, FL 32608  
Phone 352-392-2226 ext 5775  
Fax 352-392-5464

LABORATORY USE ONLY: Accession #/Sample/Date

1.		
2.		
3.		
4.		
5.		