

Submit To:

GeneSeek, Inc.  
Attn: Samples  
4131 N 48th St  
Lincoln, NE 68504

# Sample Submission Form

For additional submissions, use Supplemental Submission Forms Page \_\_\_\_ of \_\_\_\_

Company Name:	<input type="text"/>	GeneSeek Contact	<input type="text"/>
Contact Name:	<input type="text"/>	Address:	<input type="text"/>
Email:	<input type="text"/>	City, State, Zip:	<input type="text"/>
Phone:	<input type="text"/>	Fax Number:	<input type="text"/>

## Project Information

* Chip, Project or Test Code:	<input type="text"/>	Submitter Name:	<input type="text"/>
Other Information:	<input type="text"/>	Invoice To:	<input type="text"/>
Ref / P.O. #:	<input type="text"/>	<b>(If different than the shipper)</b>	

Sample Number/ Quantity	** Plate ID / Sample ID or Indicate "Tubes"	Sample Number/ Quantity	** Plate ID / Sample ID or Indicate "Tubes"
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\* If samples are for R/D or Custom Genotyping at GeneSeek, please indicate that here.

\*\* If plate, indicate total number of samples under Quantity and note plate ID.

PLEASE SEND SAMPLE ID'S AND/OR PLATE LAYOUTS VIA ELECTRONIC (EXCEL) SPREADSHEETS TO: [SAMPLES@NEOGEN.COM](mailto:SAMPLES@NEOGEN.COM)

**Please submit a completed form with each sample submission**