



National Agricultural Genotyping Center

1616 Albrecht Blvd North
Fargo, ND 58102

Phone: (701) 239-1451 Fax: (314) 942-3393

www.genotypingcenter.com



GENERAL SAMPLE SUBMISSION FORM

Date Shipped: _____

| |
|---|
| Company Name _____ |
| Owner/Contact _____ |
| Address _____ |
| City/State/Zip _____ |
| Primary Phone _____ Secondary Phone _____ |
| Email Address(es) _____ |
| All reports will be sent electronically to the provided email addresses. |

| | | |
|--|------------------------------------|------------|
| <i>This area for laboratory use only</i> | | |
| CASE NO. | Total number of samples submitted: | |
| Arrival Status: | | |
| ROOM TEMP | WET ICE | COLD PACK |
| DRY ICE | | AUTOLYZED |
| MISSING SAMPLE(S): | | |
| DAMAGED: | | |
| FEDEX | UPS | USPS |
| HAND DELIVERED | | LEGAL CASE |
| Date ____/____/____ Initials_____ | | |

The completed form serves as a contract between the customer and the NAGC. All fees incurred for testing are the responsibility of the customer and the laboratory reserves the right to choose the best methods for the requested testing of the submitted samples. Additional information on the testing procedures is available upon request. Specimens and any biological agents isolated from submitted samples become the property of the NAGC.

| | |
|--|------------------|
| Samples Submitted By (Print Name - First & Last) | Signature / Date |
|--|------------------|

Use table below and continue on another copy of this form, if necessary

| Laboratory ID # (lab use only) | Sample ID # | Sample type (fresh leaf, residue, soil, seed, etc.) | *Test Code(s) | Rush Testing Requested |
|-----------------------------------|-------------|---|---------------|------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

AR = Aphid Resistance in soybean; DIP-Q = Diplodia Quantitative; GLS-Q = Gray Leaf Spot Quantitative; GLSx = Gray Leaf Spot and *Xanthomonas vasicola* pv. *vasculorum* Multiplex; GW = Goss's Wilt; GW-Q = Goss's Wilt Quantitative; LAB = Lactic Acid Bacteria Quantitation; NCLB-Q = Northern Corn Leaf Blight Quantitative; Pal = Palmer amaranth and related pigweeds; Ps = *Phytophthora sojae*; Xvv-Q = *Xanthomonas vasicola* pv. *vasculorum* Quantitative

Please include the completed submission form with the items to be tested when sending samples to the lab or email the completed form to Megan.Oneil@genotypingcenter.com at the time of shipment.

Rush testing is available for a surcharge. Please contact the lab at 701-239-1451 for expedited requests.

Please visit genotypingcenter.com for detailed sampling and shipping procedures and for current list of test codes.