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## Rice Variety Identification Sample Submission Request Form

(to accompany each order)

### CLIENT INFORMATION

|               |  |
|---------------|--|
| Company       |  |
| Contact       |  |
| Address       |  |
| Phone #       |  |
| Fax #         |  |
| Email Address |  |

### BILLING INFORMATION (if different)

|               |  |
|---------------|--|
| Company       |  |
| Contact       |  |
| Address       |  |
| Phone #       |  |
| Fax #         |  |
| Email Address |  |

|   |                 |                 |                 |                      |
|---|-----------------|-----------------|-----------------|----------------------|
| <b>Date Sample/s sent:</b>  | <b>Sent by:</b> |                 |                 |                      |
| <b>About The Sample:</b>  | <b>Sample 1</b> | <b>Sample 2</b> | <b>Sample 3</b> | <b>Sample 4</b>      |
| OMIC Lab # (assigned by OMIC at time of receipt)  |                 |                 |                 |                      |
| Sample Description  |                 |                 |                 |                      |
| Client Sample / Lot Identification  |                 |                 |                 |                      |
| Quantity Represented  |                 |                 |                 |                      |
| <b>About The Sampling Process:</b>  |                 |                 |                 |                      |
| Sampling Place  |                 |                 |                 |                      |
| Sampling Date   |                 |                 |                 |                      |
| Sampled by  |                 |                 |                 |                      |
| Sampling method   |                 |                 |                 |                      |
| Variety of Rice to be identified  |                 |                 |                 |                      |
|   | √ Check test/s  | √ Check test/s  | √ Check test/s  | √ Check test/s       |
| Verification only   |                 |                 |                 |                      |
| Verification and quantification (client requests OMIC to perform automatically when contamination is found)   |                 |                 |                 |                      |
| Verification and quantification (client requests OMIC to notify client when contamination is found and client will decide whether quantification should be performed) |                 |                 |                 |                      |
| Identification only (for unknown sample)  |                 |                 |                 |                      |
| Other: (Specify request)  |                 |                 |                 |                      |
| Comments, Special requests<br>Any other information required on the certificate   |                 |                 |                 |                      |
| <b>Final receipt by OMIC:</b>   | <b>Initials</b> | <b>Date</b>     | <b>Time</b>     | <b>Acceptability</b> |
|   |                 |                 |                 |                      |

Please call if there are questions regarding these requirements or completing the form.