



OMIC USA Inc., 3344 N.W. Industrial Street, Portland, OR 97210 Tel (503) 223-1497 Fax (503) 223-9436

E-mail: [sales.us@omicusa.com](mailto:sales.us@omicusa.com) URL [www.omicusa.com](http://www.omicusa.com)

## GMO Analysis Sample Submission Request Form

(to accompany each order)

### CLIENT INFORMATION

Company	
Contact	
Address	
Phone #	
Email Report to: <i>(these will be the only addresses included in sample communications)</i>	

### BILLING INFORMATION (please indicate if the same)

PO #	
Contact	
Bill to:	
Phone #	
Email Invoice:	

<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)								
Client ID (Lot # -reflected on report)								
Matrix (reflected on report)								
Is this for Non-GMO Project? (Y/N)								
<b>GMO Marker Screen by Real-time PCR:</b>	<u>Qual</u>	<u>Quan</u>	<u>Qual</u>	<u>Quan</u>	<u>Qual</u>	<u>Quan</u>	<u>Qual</u>	<u>Quan</u>
35S promoter								
NOS terminator								
<i>Other markers: FMV promoter, NPT2, PAT, BAR, CTP2-cp4epsps</i>								
Please indicate:								
<b>GMO Event Specific Testing by Real-time PCR:</b>	<u>Qual</u>	<u>Quan</u>	<u>Qual</u>	<u>Quan</u>	<u>Qual</u>	<u>Quan</u>	<u>Qual</u>	<u>Quan</u>
<b>Alfalfa:</b> J101/J163 (Roundup Ready)								
Verticillium wilt ( <i>Verticillium albo-atrum</i> )								
<b>Canola:</b> RT73/ GT73 (Westar Roundup Ready)								
MS8/ RF3 (InVigor)								
<i>Other canola event test? Please indicate:</i>								
<b>Corn:</b> GA21 (Agrisure GT)								
MIR604 (Agrisure RW)								
MIR162 (Viptera)								
<i>Other corn event test? Please indicate:</i>								
<b>Soy:</b> GTS 40-3-2 (Roundup Ready)								
MON89788 (RR2)								
LL27 (Liberty Link)								
<i>Other soy event test? Please indicate:</i>								
<b>Wheat:</b> MON71800								
MON71700								
MON71200								
<b>Other Matrices:</b> e.g. Barley, Cotton, Processed Foods, Supplements, Papaya, Sugar Beet, Yeast, Zucchini/ Squash Please indicate:								
Comments, Special requests								

### Office Use

Received by Signature: _____	Date/Time _____	Acceptable/Temperature _____
PAM: _____	Invoice # _____	
Price: _____	Total: _____	
Code: _____	Invoice Date: _____	
Report Date: _____		

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

This company trades under its General Conditions of Business, copies of which are available upon request.