

# Sample Submission Form

## for Mycoplasma Testing Services



Date Shipped: \_\_\_\_\_

### Mailing Address for Test Results:

Name to Appear on Report(s): \_\_\_\_\_

Company/Department: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Phone#: \_\_\_\_\_ Ext#: \_\_\_\_\_ Fax#: \_\_\_\_\_

### Bill To:

Purchase Order#: \_\_\_\_\_

VISA/MC#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Invoice: \_\_\_\_\_

Company/Department: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Phone#: \_\_\_\_\_ Ext#: \_\_\_\_\_ Fax#: \_\_\_\_\_

See service/price list for test catalog numbers and required sample volumes at [www.bionique.com](http://www.bionique.com)

Please complete additional sample submission forms if submitting more than eight (8) samples.

<b>BTL ID#</b> <i>In-House Use Only</i>	<b>Sample Designation(s):</b> List Samples Individually As They Should Appear on the Report(s):	<b>Test/Cat#:</b>
	1.	
	2.	
	3.	
	4.	
	5.	
	6.	
	7.	
	8.	

**Ship Samples (Next Day Air) To:** Bionique® Testing Laboratories, Inc.

Attn: Technical Services, 156 Fay Brook Drive, Saranac Lake, NY 12983

Phone#: 518-891-2356 | Fax#: 518-891-5753

For In-house use only: Date Received: \_\_\_\_\_ Initials: \_\_\_\_\_