

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

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

BTL ID# <i>In-House Use Only</i>	Sample Designation(s): List Samples Individually As They Should Appear on the Report(s):	Test/Cat#:
	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:** _____