

FPS DNA IDENTIFICATION SAMPLE SUBMISSION FORM

Please complete all information on the form. Use additional pages if needed. New customers will receive an email with direction on how to submit a W-9 Form. If applicable, the Company Name must match the name shown on your income tax return or W-9 Form.

**Final results will be delayed if the Company Name does not match the name on the W-9 or if the W-9 is not submitted in a timely manner.

Date of Request: _____

Lab ID No.	Order No.
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Contact Person: _____

Payment Method: Credit Card Invoice

Company Name: _____

Phone #: _____

Mailing Address: _____

FAX #: _____

City, State, ZIP _____

Email: _____

Comments/Special Instructions:

Total # of sample(s) submitted: _____

(List sample names below. Names must match names on sample envelopes)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

Crop Type: _____

(almond, apple, apricot, cherry, grape, olive, peach, plum, pistachio, and walnut)

16. _____
17. _____
18. _____
19. _____
20. _____
21. _____
22. _____
23. _____
24. _____
25. _____
26. _____
27. _____
28. _____
29. _____
30. _____