

GeneScan Sample Analysis Request Form



Submitted by		Report to B			ill to			
Contact, Company, Address	, Phone, Fax, Email	Contac	t, Company, Address	C	ontact, C	ompany,	Address,	Phone
Client Code:		Email To:			Email To:			
Eurofins Quote #:		CC on email:			PO#			
Types of tests offered: Please contact a Lab Manager at 504-297-4330 or gmo@EurofinsUS.com if you need assistance in choosing the appropriate analysis or to confirm the availability or scheduling of "RUSH" Services.								
GMO Detection: ➤ Qualitative PCR ➤ Qualitative PCR, if positive, followed by Quantitative F ➤ Direct Quantitative PCR ➤ ELISA test			Allergen Testing: ➤ PCR CR ➤ ELISA		Meat & Bone Meal Detection / Meat Speciation: ➤ ELISA ➤ Lateral Flow Immunoassay ➤ PCR			
Sample Description / Commodity Type e.g., corn, soy, cookie, pet food, food supplement This will appear on the Report of Analysis	Client Sample Code e.g., Barge #, Lot #, Production Date, Lab # This description will appear on the Report of Analysis	e.g. d	De of Test Requested qualitative PCR 35S and qualitative PCR nos or quantitative PCI ndup Ready soy or ELISA ruminant Meat & Bone Meal	ς.	Standard service	∇ Next Day <u>RUSH</u> 1100AM Deadline	∇ Same Day <u>RUSH</u> 1000 AM Deadline	Additional Comments