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## Potato GMO Analysis Sample Submission Request Form

(to accompany each order)

### CLIENT INFORMATION

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

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

PO #	
Contact	
Bill to Address	
Phone #	
Email Invoice	

<b>Date Sample/s sent:</b>	<b>Sent by:</b>			
<b>About The Sample: Freeze dried and powdered potato samples</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)				
Sample type (e.g. Fry, Flake, Chip, Fresh Tissue)				
<b>Qualitative Screen by PCR:</b>	√ Check test/s	√ Check test/s	√ Check test/s	√ Check test/s
Marker screen – 35S promoter, NOS terminator				
Potato – Cry3A gene				
<b>Qualitative Screen for Innate Potato Construct:</b>	√ Check test/s	√ Check test/s	√ Check test/s	√ Check test/s
Construct Screen- pSIM1278 (Innate 1.0)				
pSIM1678 (Innate 2.0)				
<b>Innate Potato Event-Specific Qualitative Screen</b>	√ Check test/s	√ Check test/s	√ Check test/s	√ Check test/s
E12				
J3				
W8				
F10				
V11				
X17				
Y9				
Comments, Special requests Any other information required on the certificate				

<b>Office Use Only:</b>			
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.