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Rice GMO Analysis Sample Submission Request Form

(to accompany each order)

CLIENT INFORMATION

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

BILLING INFORMATION (please indicate if the same)

PO#	
Contact	
Bill to:	
Phone #	
Email Invoice:	

Date Sample/s sent:	Sent by:			
About The Sample:	Sample 1	Sample 2	Sample 3	Sample 4
OMIC Lab # (assigned by OMIC at time of receipt)				
Client ID (Lot #- reflected on report)				
Matrix (reflected on report)				
Quantity Represented				
Check specific test/s requested.	√ Check test/s	√ Check test/s	√ Check test/s	√ Check test/s
Qualitative Screen by PCR:				
Rice – LLRICE601/62 (Bayer Crop Science's 35S-bar protocol)				
Rice – Bt63				
Rice – Bt63, CpTi, NNBT (Ministry of Health, Labour, and Welfare (MHLW); Japan)				
Comments, Special requests Any other information required on the certificate				

Office Use Only:		
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.

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This company trades under its General Conditions of Business, copies of which are available upon request.