



SEQUENCING SUBMISSION FORM

Client Name:

Address:

Phone:

Email:

Purchase order no:

Signed:

Date:

Please ensure that all culture plates are well sealed

Sample ID	Date sampled	Comments

Please send samples in well packaged leak proof containers to

dnature diagnostics & research Ltd
60 Carnarvon Street
Gisborne 4010

If you have other test requirements, please contact us on **0800 DNATURE** or e-mail info@dnature.co.nz to discuss.