



Foundation Plant Services, University of California

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FPS DNA IDENTIFICATION TESTING REQUEST 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 W9 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 W9 or if the W9 is not submitted in a timely manner.**

Date of Request: _____

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Contact Person: _____

Company Name: _____

Phone #: _____

Mailing Address: _____

FAX #: _____

City, State, ZIP: _____

Email: _____

Comments/Special Instructions:

Total # of sample(s) submitted: _____

Crop Type: _____

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

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

1. _____

16. _____

2. _____

17. _____

3. _____

18. _____

4. _____

19. _____

5. _____

20. _____

6. _____

21. _____

7. _____

22. _____

8. _____

23. _____

9. _____

24. _____

10. _____

25. _____

11. _____

26. _____

12. _____

27. _____

13. _____

28. _____

14. _____

29. _____

15. _____

30. _____