UCDAVIS
Foundation Plant Services

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FPS DNA IDENTIFICATION SAMPLE SUBMISSION 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 W-9 Form. If applicable, the Company Name must match the name shown on your income tax return or W-9 Form.

Date of Request: _____

Contact Person: _____

Company Name: _____

Mailing Address: _____

City, State, ZIP _____

Lab ID No.	Order No.

Invoice Payment Method: Credit Card* ☐ Check ☐

*Credit card payments are assessed a 5% processing fee.

Phone: _____

Landline ☐ Mobile ☐

Email: _____

Comments/Special Instructions:

_____

_____

_____

_____

Total # of sample(s) submitted: _____

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

Crop Type: _____

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

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
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30. _____