

**16S Sequencing Sample Submission Form**

Please fill out information below: \* required

**GENERAL INFORMATION – Please send results to:**

\*Company or Institution: \_\_\_\_\_  
\*Principal Investigator: \_\_\_\_\_  
\*Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
\*Address: \_\_\_\_\_

**BILLING INFORMATION (if different from above):**

\*Contact name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
\*Email: \_\_\_\_\_  
Fax: \_\_\_\_\_  
\*Address: \_\_\_\_\_  
\*Address Cont: \_\_\_\_\_

**\*METHOD OF PAYMENT:**

Purchase Order # (attach copy) / Project # \_\_\_\_\_

Or: Credit Card Number: \_\_\_\_\_ Visa \_\_\_ MC \_\_\_

Name on Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Or: Investigation reason: \_\_\_\_\_

**\*SAMPLE INFORMATION:**

Species: Mouse:      Rat:

Number of samples:

**PRINT A COPY AND SUBMIT WITH YOUR SAMPLES****&****PLEASE EMAIL COMPLETED FORM TO [healthdiagnostics@taconic.com](mailto:healthdiagnostics@taconic.com)**