



# National Agricultural Genotyping Center

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Fargo, ND 58102  
Phone: (701) 239-1451  
[www.genotypingcenter.com](http://www.genotypingcenter.com)



## GENERAL SAMPLE SUBMISSION FORM

Date Shipped: \_\_\_\_\_

Company Name _____
Owner/Contact _____
Address _____
City/State/Zip _____
Primary Phone _____ Secondary Phone _____
Email address(es) _____
<i>All reports will be sent electronically to the provided email address(es)</i>

<i>This area for NAGC use only</i>		
<b>CASE NO.</b>	Total number of samples submitted:	
<b>Arrival Status:</b>		
ROOM TEMP	WET ICE	COLD PACK
DRY ICE	AUTOLYZED	
MISSING SAMPLE(S):		
DAMAGED:		
FEDEX	UPS	USPS
HAND DELIVERED	DHL	LEGAL CASE
Date ____/____/____	Initials _____	

The completed form serves as a contract between the customer and the NAGC. All fees incurred for testing are the responsibility of the customer and the laboratory reserves the right to choose the best methods for the requested testing of the submitted samples. Additional information on the testing procedures is available upon request. Specimens and any biological agents isolated from submitted samples become the property of the NAGC.

Samples Submitted By (Print Name - First & Last)	Signature / Date
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<i>Use table below and continue on another copy of this form, if necessary</i>			Rush Requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Laboratory ID # <small>(NAGC use only)</small>	Sample ID #	Sample type <small>(fresh leaf, residue, soil, seed, etc.)</small>	*Test Code(s)	Sample(s) Pooled?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

- |   |  |                               |
|---|--|-------------------------------|
| AR = Aphid Resistance in Soybeans                 | GW-Q = Goss's Wilt                       | SCN-Q = Soybean Cyst Nematode |
| CLIND-Q = Anthracnose in Edible Beans             | LAB = Lactic Acid Bacteria               | VID-D = Variety ID (DNA)      |
| CLRDV-Q = Cotton Leafroll Dwarf Virus             | Pal = Palmer Amaranth & Related Pigweeds | VID-P = Variety ID (Protein)  |
| DIP-Q = Diplodia Ear Rot                          | PPO-210 = PPO-Inhibitor Resistance       | WLB-Q = Wheat Leaf Blotch     |
| EPSPS = Glyphosate Resistance                     | PRR1-Q = Pulses Root Rot                 | WR-Q = Wheat Rust             |
| GLSx = Gray Leaf Spot & Bacterial Leaf Streak     | Ps = Phytophthora Root & Stem Rot        | Xvv-Q = Bacterial Leaf Streak |
| GN-Q = Gray Leaf Spot & Northern Corn Leaf Blight | SBCN-Q = Sugar Beet Cyst Nematode        |                               |

Please include the completed submission form with the items to be tested when sending samples to the lab or email the completed form to [research@genotypingcenter.com](mailto:research@genotypingcenter.com) at the time of shipment.

Rush testing is available for a surcharge. Please contact the lab at 701-239-1451 for expedited requests.

Please visit [www.genotypingcenter.com](http://www.genotypingcenter.com) for detailed sampling, shipping procedures, and current list of test codes.