

Please fill out all fields (as needed) then print, sign, & send with samples to be tested.



Granger Genetics
 601 Biotech Dr., North Chesterfield, VA 23235
 Phone: 844-347-2643 Fax: 804-977-5041
 customerservices@grangergenetics.com

ELS CHAIN OF CUSTODY RECORD

Invoice Information

Company*: Contact*:
 Address*:
 Phone*: PO #:
 Email*:
 Customer Signature*:

Sample Submission Form for ddPCR Testing	
Accession Number	<input type="text"/>
Date Received	<input type="text"/>
Received By	<input type="text"/>
Temperature on Receipt	<input type="text"/>
Quote #	<input type="text"/>
This box is to be filled in by Granger Only	

Report Information (Same as Invoice Information)

Company*: Contact*:
 Address*:

Report Delivery Options*

Date Required:
 Fax:
 Web Portal: If not already signed up fill out the information below to receive an email with setup instructions.
 Name: Email:

Sample Identification*

Each sample must have an identifiable name and at least one analysis method selected

		Date Sampled	ECPATH Reflux*
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

ECPATH Reflux*: Check here to automatically run the ECPATH reflex assay to detect pathogenic E. coli when E. coli is detected.

Additional Comments:

All samples must be clearly identified and all applicable areas of the submission sheet completed.
 Improper or incomplete submission sheets may result in delayed sample processing.

For information on sampling and details on submitting samples for testing call 844-347-2643 or email customerservices@grangergenetics.com.

Sent By* (Print)	Sent By* (Signature)	Date*
<input type="text"/>	<input type="text"/>	<input type="text"/>