EcoGene
DNA-based diagnostics

Test Request Form

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Customer Information

Company Name _____	Phone _____
Contact Name _____	Fax _____
Invoice Address _____	Email _____
	Date _____

Preferred result format: Email ☐ Fax ☐ Post ☐

Test Code Key

Species Identification	SI
Vertebrate Pest Monitoring	VPM
Genotyping	G

Disease screening	
avian malaria	DS1
chytrid fungus	DS2
whataroa virus	DS3

*Contact us for a detailed costing breakdown on the DNA-diagnostic services you require

Species Type/Host Information	Sample Type (Tissue, blood, hair, feathers, scat, swab)	No of samples	Test Code	Cost *

Clients to add specific comments:

Total

By signing this document I am requesting that the DNA-diagnostic services above be performed and confirming that there is funding for this work. On completion of work I will endeavour to ensure the timely payment of invoices (normally within 30 days of receipt).

Signature_____ Date_____

Official Lab Use Only

Customer Code _____
Job Code _____
Invoice No _____
Date _____
Initials _____