



# Test Request /Quotation Form

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## Customer Information

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

Preferred result format: Email  Fax  Post

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

Test Required	Species Type/Host or Environmental Source Information	Sample Type (Tissue, blood, hair, feathers, scat, swab, soil, water, culture)	No of Samples	Cost *

Client to add specific comments	Total

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Official Lab Use Only</b>	
Customer Code	_____
Job Code	_____
Invoice No	_____
Date	_____
Initials	_____