To be completed at Charles River

LTM Order Number:

Receipt Number: Date Received:

charles river

Genetic Testing Laboratory Sample Submission Form
- Additional Samples -

* = required

Please print and include with your samples.

Print Form

LTM Customer ID#* _____ Institution* _____

Species* _____ Sample Type _____ Ship Date _____

>>>> Assay requested* ---- _____ Total Number of Samples _____

Sample #	Sample ID	Parent ID/Genotype	Sex	Generation	DOB	Location	Box	Strain/Line

Comments