



Aquatic Plant Genetic Assessment

GenTEST* Chain of Custody

Company Name:		Contact Person:																			
Billing Address:		Email Address:																			
Telephone:		Fax Number:																			
Project Name:							Sampler:														
Number of samples to be analyzed:																					
Check Payment Method:						C	ard I	No							E:	xpira	tion	Date	e:		
☐ Check here if you would like us to keep this credit card information (To establish a secure credit card file for future billing, please									317-5	80-8	3 291]).									
If billing information is omitted, an invoice will be mailed to the sa until such information is provided to SePRO.	mpling o	compa	ny liste	ed abo	ve. Sar	nples	sent	with	insuf	ficie	nt in	form	ation f	or billi	ing w	vill no	t be	teste	ed		
	Wat	erboo	ly and	d Sam	nple L	ocat	ion/	۱D ۱	Лар												
Sample Location and Identification			<u> </u>		-				<u> </u>												\neg
Draw a map of waterbody, to include sample locations by																					_
sample identification number as listed on the other side of																					
this form or enclose a copy of a prepared map with this																					

Ship samples to:

information.

SePRO Corporation SRTC 16013 Watson Seed Farm Road

Whitakers, NC 27891-9114 E-mail: srtclab@sepro.com Tel: (252) 391-8375

Direct all inquiries about your sampling and results to your SePRO Aquatic Specialist.





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Waterbody Name:			Waterbody Size: (acres)_		Average Depth: (fe	eet)	
SePRO Aquatic Specialist:							
Target Species: Hydrilla verticillata (dioecious) Sample collected by:	☐ Hydrilla					48	Assertation Proceedings of the Processing State of the
Use one form for each waterbody.							Implementation
•			D				
Shipped by:	I		Date/Time:	I			
Client Sample Site I.D.	Date Sample Collected	Depth Sample Collected (feet)	Sample Location – Identify sites on map (GPS coordinates preferred)		Field Notes		
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
To be filled out by laboratory	•••••	•••••				•••••	
Received by:			Date/Time:				
Sample condition upon receipt:			Method of Shipment:	☐ Cooler ☐ U	n-insulated package	☐ On ice	☐ Overnight
Date analysis performed:			Date results sent:	· · · · · · · · · · · · · · · · · · ·	 		