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Sample Submission Form

Please fill out information below: * required

GENERAL INFORMATION – Please send results to:

*Company or Institution: _____
*Principal Investigator: _____
*Email: _____
Phone: _____
*Address: _____

BILLING INFORMATION (if different from above):

*Contact name: _____
Phone: _____
*Email: _____
Fax: _____
*Address: _____
*Address Cont: _____

*METHOD OF PAYMENT:

Purchase Order # (attach copy) / Project # _____
Or: Credit Card Number: _____ Visa ___ MC ___
Name on Card: _____
Expiration Date: _____
Or: Investigation reason: _____

*SAMPLE INFORMATION:

Species: Mouse: ___ Rat: ___
Biopsy type: Tail ___ Ear ___ Other: (Specify): _____
Assay / Project number / GOI: _____
Total number of samples submitted: _____

Please Note:

Biopsies should be provided as either 2 mm diameter ear clip or 2mm section of tail and stored at 4°C prior to shipping. All samples should be shipped next day service with ice packs for delivery Monday through Friday only.

Send form and samples to: Taconic Biosciences
Molecular Analysis
5 University Place
Rensselaer, New York, 12144

PRINT A COPY AND SUBMIT WITH YOUR SAMPLES.

