

Report For Order # _____



Operator: _____
Name Last, First Position Date

Reviewed By: _____
Name Last, First Position Date

Service Provided: _____

Samples: _____
Type(s) Date Recieved

Customer: _____
Name Last, First Institution Phone Number

Email Address

Results on attached pages.

Sample ID	repeat 1	repeat 2	repeat 3	repeat 4	repeat 5	repeat 6	repeat 7	repeat 8	repeat 9	repeat 10	repeat 11	repeat 12	repeat 13	SPA type	Comments
1	15	12	16	2	24	24	0	0	0	0	0	0	0	t030	
2	26	23	13	21	17	34	33	34	0	0	0	0	0	t657	
3	11	19	12	21	17	34	24	34	22	25	0	0	0	t008	
4	8	16	2	24	24	0	0	0	0	0	0	0	0	t632	
5	11	19	12	5	17	34	24	34	22	25	0	0	0	t064	
6	11	19	12	5	17	34	24	34	22	25	0	0	0	t064	
7	8	16	2	24	24	0	0	0	0	0	0	0	0	t632	
8	11	19	12	21	17	34	24	34	22	25	0	0	0	t008	
9	26	23	13	21	17	34	33	34	0	0	0	0	0	t657	
10	11	19	12	21	17	34	24	34	22	25	0	0	0	t008	
11	26	23	13	21	17	34	33	34	0	0	0	0	0	t657	
12	26	16	23	13	21	17	34	33	34	0	0	0	0	t5414	
13	26	16	23	13	21	17	34	33	34	0	0	0	0	t5414	
14	26	16	23	13	21	17	34	33	34	0	0	0	0	t5414	
15	26	23	13	21	17	34	33	34	0	0	0	0	0	t657	
16	11	19	12	21	17	34	24	34	22	25	0	0	0	t008	
17	26	16	23	13	21	17	34	33	34	0	0	0	0	t5414	
18	26	16	23	13	21	17	34	33	34	0	0	0	0	t5414	
19	8	16	34	24	34	17	0	0	0	0	0	0	0	t5598	
20	26	23	13	21	17	34	33	34	0	0	0	0	0	t657	
21	7	23	21	16	34	33	13	0	0	0	0	0	0	t127	
22	8	17	23	18	17	0	0	0	0	0	0	0	0	t314	
23	26	23	13	21	17	34	33	34	0	0	0	0	0	t657	