



# Bia Diagnostics

Leaders in Food Allergen Analysis

Call or Email with Questions:

(802) 540-0148

laboratory@biadiagnostics.com

## New Shipping Address

### Send Samples To:

Bia Diagnostics

Attn: Laboratory

480 Hercules Dr.

Colchester, VT 05446

## Sample Submission Form

Company Name:	Bia Account Number:
Billing Address:	Contact:
	Phone #:
Billing Email:	Purchase Order#:
Email Address where Results will be sent:	

[All results will be shared only with the parties listed on this form, unless Bia Diagnostics receives official notification of additions to this list.]

Sample # or Name:	Description (as you would like it to appear on your Certificate of Analysis):	Assays Requested For Testing:	Previously Tested* (for this Allergen)		FOR BIA USE ONLY:
			Yes	No	Bia ID#:
		Gluten _____ Other: _____ Egg _____ Peanut _____ Soy _____ Total Milk _____	Yes	No	
		Gluten _____ Other: _____ Egg _____ Peanut _____ Soy _____ Total Milk _____	Yes	No	
		Gluten _____ Other: _____ Egg _____ Peanut _____ Soy _____ Total Milk _____	Yes	No	
		Gluten _____ Other: _____ Egg _____ Peanut _____ Soy _____ Total Milk _____	Yes	No	
		Gluten _____ Other: _____ Egg _____ Peanut _____ Soy _____ Total Milk _____	Yes	No	
		Gluten _____ Other: _____ Egg _____ Peanut _____ Soy _____ Total Milk _____	Yes	No	
		Gluten _____ Other: _____ Egg _____ Peanut _____ Soy _____ Total Milk _____	Yes	No	

Notes:

This sample submission form acts as the chain of custody for your sample. Please physically include it in the package when sending your samples. The company listed on this form as the submitter of the samples assumes all financial responsibility for work or product requested on this form. If additional testing becomes necessary, additional notification and agreement of financial responsibility will ensue.

**We are always looking to improve! Please email or call us with your feedback regarding our services, from forms to your overall satisfaction of our customer service. (802) 540-0148 sales@biadiagnostics.com**

\* To help us produce the best results possible, please let us know if this sample has been previously tested by Bia Diagnostics for this allergen. Please contact us if you are unsure.

FOR BIA USE ONLY:	Employee ID:	Date and Time Entered:
	<input type="text"/>	<input type="text"/>