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SUBMISSION FORM – FOOD ALLERGEN

CONTACT INFORMATION

Company Name:	
Ship From Address:	Invoice Address: (If different from Ship from address)
Contact: Name:	Accounts Payable Contact: Name:
Tel:	Tel:
Email:	Email:
PO number:	
Email Address(s) where Test Results will be sent:	

*All results will be shared only with the parties listed on this form, unless Romer receives official notification via email of additions or changes to this list.

FOOD ALLERGEN ANALYSES by ELISA

Almond	Fish	Mollusks
β-Lactoglobulin	Gluten (with G12 Antibody)	Ovalbumin
Brazil Nut	Gluten (with R5 Antibody)	Peanut
Casein	Hazelnut	Pecan
Cashew	Lupin	Pine Nut
Coconut	Lysozyme	Pistachio
Crustacea	Macadamia	Sesame
Egg	Milk	Soy
Egg white	Mustard	Walnut

SAMPLE INFORMATION

Sample ID (as you want it to appear on your report)	Commodity	Turn around times*		
		1 day	3 days	5 days
		1 day	3 days	5 days
		1 day	3 days	5 days
		1 day	3 days	5 days
		1 day	3 days	5 days
		1 day	3 days	5 days
		1 day	3 days	5 days
		1 day	3 days	5 days
		1 day	3 days	5 days

* 1 day = ship samples for early AM delivery to guarantee 1 day results. Prior notification to Romer Labs requested.

Date/Signature _____