



Aquatic Plant Genetic Assessment

GenTEST* Chain of Custody

Company Name: APPLIED AQUATIC MANAGEMENT

Contact Person: TELLY R. SMITH

Billing Address: PO BOX 1469 EAGLE LAKE, FL 33839

Email Address: TELLY@APPLIEDAQUATICMGMT.COM

Telephone: 863-287-1081

Fax Number: _____

Project Name: LAKE DELL

Sampler: MICHAEL PEREZ

Number of samples to be analyzed: 2

Check Payment Method: ☐ Check ☐ PO Number _____ ☒ VISA ☐ MasterCard Card No. 4859489101847662 Expiration Date: 06/24

☐ Check here if you would like us to keep this credit card information on file for future lab analysis orders.

(To establish a secure credit card file for future billing, please contact the SePRO Accounting Department at 317-580-8291).

If billing information is omitted, an invoice will be mailed to the sampling company listed above. Samples sent with insufficient information for billing will not be tested until such information is provided to SePRO.

Sample Location and Identification

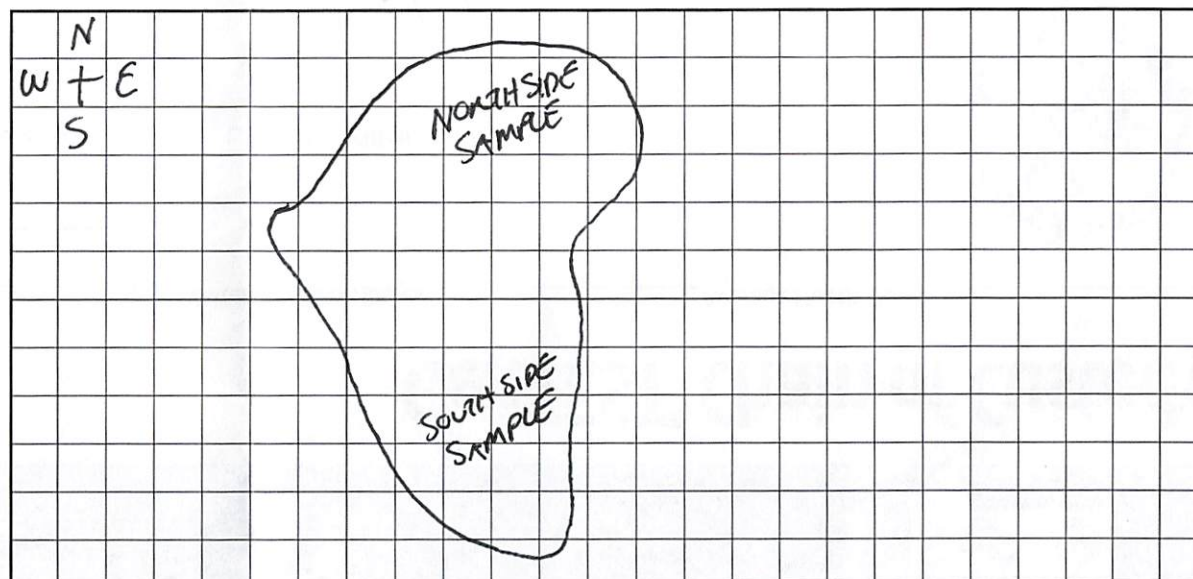
Draw a map of waterbody, to include sample locations by sample identification number as listed on the other side of this form or enclose a copy of a prepared map with this information.

Ship samples to:

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.

Waterbody and Sample Location/ID Map





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Waterbody Name: LAKE DELL Waterbody Size: (acres) _____ Average Depth: (feet) _____

SePRO Aquatic Specialist: WENDI NANCE

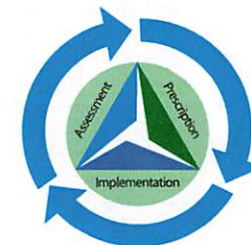
Target Species:

☒ *Hydrilla verticillata* (dioecious) ☐ *Hydrilla verticillata* (monoecious) ☐ Water Milfoil

Sample collected by: MICHAEL PEREZ

Use one form for each waterbody.

Shipped by: TELLY R SMITH Date/Time: 2/16/23 @ 4pm



Client Sample Site I.D.	Date Sample Collected	Depth Sample Collected (feet)	Sample Location – Identify sites on map (GPS coordinates preferred)	Field Notes
1. <u>NORTH SIDE</u>	<u>2-16-23</u>	<u>7'</u>		<u>41687</u>
2. <u>SOUTH SIDE</u>	<u>2-16-23</u>	<u>5'</u>		<u>41688</u>
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

..... To be filled out by laboratory

Received by: JES Date/Time: 2/17/23

Sample condition upon receipt: ☐ Good ☐ Fair ☐ Poor Method of Shipment: ☐ Cooler ☐ Un-insulated package ☐ On ice ☐ Overnight

Date analysis performed: _____ Date results sent: _____