



Summary of DNA Data for Watermilfoil
 Grand Valley State University's Robert B. Annis Water Resources Institute

Company/Entity	WI DNR
Total Samples Processed	
Cost per Sample	
Set up Fee (if applicable)	
Total Cost	

ATTN:

Send Invoice to:

Ryan Raab
 Bureau of Watershed management
 WIDNR
 101 South Webster St.
 P.O. Box 7921
 Madison, WI 53707

Send Results to:

Ryan Wersal (ryan.wersal@lonza.com)
 Michelle Nault (michelle.nault@wisconsin.gov)
 Scott Vanegeren (Scott.VanEgeren@wisconsin.gov)
 Maureen Ferry (Maureen.Ferry@wisconsin.gov)
 Scott Provost (Scott.Provost@wisconsin.gov)

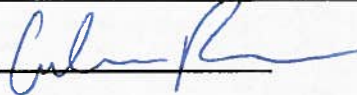
Result Details (By Lake):

Lake Name: Legend
Date Received: 10/8/2015
Number of Samples Sent: 24
Number of Samples Processed: 24
Comments: See additional documents for additional lake and sample information

Lake Name: Forest
Date Received: 10/8/2015
Number of Samples Sent: 24
Number of Samples Processed: 24
Comments: See additional documents for additional lake and sample information

Genetic IDs:

Area/site	Sample #	Putative ID	ID
Legend / Tank # E1-E8 & F1-F16	1-24	HWM	hybrid watermilfoil (<i>Myriophyllum spicatum</i> x <i>Myriophyllum sibiricum</i>)
Fond du Lac / Tank # E9-E16 & D1-D16	1-24	HWM	hybrid watermilfoil (<i>Myriophyllum spicatum</i> x <i>Myriophyllum sibiricum</i>)

Identified by:  ID verified by: 



Watermilfoil Chain of Custody Record



GRAND VALLEY STATE UNIVERSITY
 ROBERT B. ANNIS
 WATER RESOURCES INSTITUTE

Released to
 Syndell Parks, Project Manager
 616-331-3997 (office)
 616-331-8797 (lab)
 Email: aquagen@gvsu.edu
 740 West Shoreline Dr.
 Muskegon, MI 49441
 Annis Water Resources Institute
 Grand Valley State University

Received From:
 Name(print):
 Organization:
 Address:
 Email:
 Phone:

Bill To:
 Name(print): Scott Probst
 Organization: WI NWB
 Address: 473 Griffith Ave
 Wisconsin Rapids, WI 54494
 Email: Scott.probst@wisconsin.gov
 Phone: 715-421-7881

Send Results To:
 Name (print): Ryan Wersal
 Email: ryan.wersal@lwrz.com
 Name (print): Scott Probst
 Email: Scott.probst@wisconsin.gov

Name (print):
 Email:

-----To be filled in by sender-----

To be filled in by sender						To be filled in by Thum lab			
Date Sampled	County and Lake Name	Location within waterbody	Latitude (DD)	Longitude (DD)	Putative ID	No. stems to process	Date Rec'd	Pop ID Assigned to samples	Sample condition & notes
2/1	Legend Lake, WI				Hybrid	24	10/18/15	001-7084	
2/9	Forest Lake, WI				Hybrid	24		001-7084	

***Fast track identification results (Y/N): _____ For additional cost results can be guaranteed within 3 business days.

Submitted and Agreed to by: (sign/date) _____ Received by: (sign/date) PA 10.8.15
 Subject to all terms and conditions, including limitations of liability and waivers of rights and remedies, on following page.
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