Biotrax Testing Laboratory INC
3580 Harlem Road Ste 2
Cheektowaga, NY 14215
716-651-0146
* please print and submit electronically to analysis@biotrax.net

Allergen Submittal Form

Last update: 11/11/25 **FO-556A v 1.1**

Client Information

Company / Client:

Address:

Phone:

Email:

Order Information

Project ID:

PO Number:

Sampled By/Date:

Notes

Analysis Options:

Lab ID (lab only)	Sample ID / Description	Temp Received °C	Gliadin (gluten)	Peanut	Soy	Milk	Egg	Tree Nut	Coconut	Sesame	Fish (3rd party send out)	Shellfish (3rd party send out)	Mustard (3rd party send out)	Other:							
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Relinquished By: ____________________ Date / Time: __________

Received By: ____________________ Date / Time: __________