

GENERAL MICROBIOLOGY SAMPLE SUBMISSION FORM

Client Information			
Company Name:		Purchase Order (required for billing purposes):	
		Quotation No (required for billing purposes):	
Mailing Address:		Submitted by:	
		Email Address:	
Tel:	Mobile:	Date:	
Fax:			
Sample Information			
Sample Description (sample ID, # and amount of products sent)	Product Code of Test (included in quotation given)	Tests Description (include client specification where applicable)	✓ if Microbial ID is required

If Microbial ID is required after the tests above are performed.

Sample Description	Test Requested (Please ✓) <small>*Mould ID to species level can only be performed with Genetic Sequencing</small>			When more than one colony type is present (Please ✓)			Comment
	Microscopy (*Mould only – Genus level)	Maldi-ToF	Genetic Sequence	ID All distinct colonies	ID Dominant Colony only	Contact Client	

Any other special requirements (please specify):