

## MICROBIAL IDENTIFICATION 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												
S/N	Sample Description	Type of Organism (Please ✓) <small>*Mould ID to species level can only be performed with Genetic Sequencing</small>				Test Requested (Please ✓)			When more than one colony type is present (Please ✓)			Comment
		Bacteria	Yeast	*Mould	Unknown	Microscopy (Mould only – Genus level)	Maldi-ToF	Genetic Sequence	ID All distinct colonies	ID Dominant Colony only	ID Circled Colony only	
01												
02												
03												
04												
05												
06												
07												
08												
09												
10												

**Any other special requirements (please specify):**