

MICROBIAL IDENTIFICATION SAMPLE SUBMISSION FORM

Client Information		
Company Name:		Purchase Order (if available):
Mailing Address:		Quotation No (Compulsory for proper registration of samples):
		Submitted by:
Tel:	Mobile:	Email Address:
Fax:		Date:

Sample Information													
S/N	Sample Description	^Sample Preparation	Type of Organism (Please ✓) *Mould ID to species level can only be performed with Genetic Sequencing				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													

^additional charges apply. Please request for quote.

Any other special requirements (please specify):