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GENERAL MICROBIOLOGY SAMPLE SUBMISSION FORM

Client Information		
Company Name:		Purchase Order (required for billing purposes):
Mailing Address:		Quotation No (required for billing purposes):
		Submitted by:
Tel:	Mobile:	Email Address:
Fax:		Date:

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

Sample Description	Test Requested (Please √) *Mould ID to species level can only be performed with Genetic Sequencing			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	
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Any other special requirements (please specify):

Eurofins | ams
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