

Microbiology Supply Request Form



Customer Information	Company	Customer Code
	Street Address	City, State ZIP
	Bill To Company	PO # or Credit Card #
	Contact Person	Phone #
	Email report to	Quote #

Sample Handling Information	Priority	STAT (MS/02 fee) Standard	Shipping info				
	Product Registration	Allograft Tissue	Ship Method	UPS	FedEx	Pick up	Courier
		Medical Device	Courier Company				
	Other Specify:		Account #				
			Method Priority				
	Hazardous Material	No Yes (SDS/MSDS required for hazardous or chemical product)	Ship To Company				
	Date Supply Needed By:		Attention To				
			Street Address				
			City, State ZIP				

Biological Indicators (population ≥ 10⁶)	All BI Purchases Include Population Verification in Cost		Include positive control in quantity of request			
	BI/01:	Mesa spore strips – <i>B. atrophaeus</i>	QTY:			
	BI/02:	Mini Spore Strips – <i>B. atrophaeus</i>	QTY:			
	BI/04:	Mesa Self-contained BIs – <i>B. atrophaeus</i>	QTY:			
	BI/06a:	Challenge Packs (Mesa spore strip) – <i>B. atrophaeus</i>	QTY:			
	BI/07a:	Mesa PCD 4.13 (Mesa self-contained) - <i>B. atrophaeus</i>	QTY:			
	BI/07b:	Mesa PCD 2.13 (Mesa self-contained) - <i>B. atrophaeus</i>	QTY:			
	BI/07c:	Mesa PCD 2.7 (STERIS strip) – <i>B. atrophaeus</i>	QTY:			
	BI/07d:	Mesa PCD 6.7 (STERIS strip) - <i>B. atrophaeus</i>	QTY:			
	BI/07e:	Mesa PCD 4.7 (STERIS strip) – <i>B. atrophaeus</i>	QTY:			
	BI/12:	STERIS Spore Strips – <i>B. atrophaeus</i>	QTY:			
	BI/09:	Mesa STERILAMP (Box of 100) – <i>G. stearothermophilus</i>	QTY:			
	BI/13:	Mesa Spore Strip - <i>G. stearothermophilus</i>	QTY:			

Supplies / Services	GM/01:	Population Verification or Recovery (Per sample or strip)	QTY:		
	GM/02a:	Preparation of Inoculated Threads – <i>B. atrophaeus</i>	QTY:	Length:	
	GM/03a:	Preparation of Inoculated Product – <i>B. atrophaeus</i>	QTY:	<i>Please attach inoculation instructions</i>	
	GM/02b:	Preparation of Inoculated Threads – <i>G. stearothermophilus</i>	QTY:	Length:	
	GM/03b:	Preparation of Inoculated Product – <i>G. stearothermophilus</i>	QTY:	<i>Please attach inoculation instructions</i>	
	GM/07b:	Preparation of Inoculated Wires – <i>G. stearothermophilus</i>	QTY:	Length:	
	GM/05a:	TSA Plate	QTY:		
	GM/05b:	RODAC Plates with MCT Agar	QTY:		
	GM/05c:	Other Media Specify: _____	QTY:		
	GM/06a:	Copan Swab Kits (10 swabs / kit)	QTY:		

MISC	MS/01:	Inoculation of Product with BI or Inoculated Carrier	QTY:	<i>Please attach inoculation instructions</i>	
	MS/04:	Out of Specification Evaluation	QTY:		
	\$\$MICRO:	Other according to Protocol or Quote, specify below	QTY:		
	MS/01b:	Handling fee applies to all supply purchases			

Special Instructions	
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Signature	Date	
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Lab Use Only	Date Received	TRF #	Sample #(s)
	Received By		