

Microbiology Test 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	Testing Priority	STAT (MS/02 fee) Standard

Product Information	<i>Please use exact wording you want to appear on final report</i>	
	Sample Name / Description	
	Unique Identification (Lot #, PN, Batch #, etc.)	
	Product	Allograft Tissue
	Registration	Medical Device
		Other Specify:

Test Information	GM/04a: Organism Stain & Colony Morphology	Sample Quantity:
	GM/04b: Organism Identification (Genetic) with Stain and Colony Morphology	
	GM/04e: Organism Stain	
	GM/04g: Organism Identification (MALDI-TOF Method) with Stain and Colony Morphology	
	GM/04h: Organism Identification (Genetic)	
	GM/04i: Organism Identification (MALDI-TOF Method)	
	MS/01: Other Testing according to Protocol or Quote	

Special Instructions	
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By signing this request form, you are authorizing the use of a subcontract vendor for Genetic or MALDI-TOF organism identification testing.

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