

Microbial ID Test Request Form Ship Samples To:

Cambrex • Attn: Sample Login
104 Gold St. • Agawam, MA 01001
Email: login-ma@cambrex.com

For Internal Tracking Use				
Internal #:				
Initial/Rec'd Via:				
Date/Time:				

A Purchase Order (PO) should be submitted with the product to initiate product testing services. Failure to submit completed Test Request Forms or include a PO may result in testing delays.

		T OI IIIS O	r include a PO n	iay i csuit	III test				
Please fill out form completely		Requestor			Invoicing (if different from Requestor)				
PO #	(Contact				Contact			
		Company				Compar			
Quote #		ddress				Address			
		City				City			
		tate/Zip				State/Zi	p		
		hone				Phone			
	Ŀ	L-mail				E-mail			
Turnaround Time (T.	AT) Requested:								
		Stand	ard (10 day)						
Turnaround Time (TA		TIER 1 STAT (4 Day)							
(See quote for TAT and asse			TIER 2 STAT (4 Day)						
• All TATs are in business	days assuming plats		` '		ou buot	h oultures re	vuivas subaultuv	o to be newform	od mulou
to performing identificat	ion, which may affec	et TAT.		eipt of stant	or brot	ii cuitures rec	quires subcuitur	e to be perform	su prior
STAT processing require		1 / E	•		CTAT -	. TAT 1	. 4 . 4 4 42		Laster of
All Mass spectrometry sa Mothod: Choose ONI				•					
Method: Choose ONE of the below methods (either Genetic Sequencing or Mass Spectrometry) and options as applicable						аррисавие			
Genetic Sequencing (GENSEQ)									
(bacterial, yeast, mold	(bacterial, yeast, mold) Include a copy of the Phylogenetic Tree with the report (MID. Tree) (see quote for price						uote for pricing)		
Mass Spectrometry (MALDI)									
(for bacterial/ yeast sa	mples only)	<u>Do N</u>	OT transfer fail	led sample	es to g	genetic seq	uencing		
Identification of Mor	ohologies Reque	sted:							
Circled morphologies (no additional charge: MA not required)									
Morphology Assessment (MA)			All distinct morphologies (MID.MA)						
	Top predominant morphologies (please list quantity) (MID.MA)								
	Other	Other (provide details in additional comments) (MID.MA)							
Related Testing Req	uested:		· ·				,		
Sample Preparation re		MID	CD add if sampl	las ara nat	t on a	ıltıma mad			
1 1		MID.SP, add if samples are not on culture media							
Gram Stain Gram Stain required (MID.Gram)									
Cryopreservation	Cryop	Cryopreserve isolates for future studies (CRYO) (list additional instructions in Comments)							
Sample Handling Info	rmation:								
G1:	On dry ice		On ice	G.	-	I	Default storag	ge: 2 – 8 °C	
Shipping Condition:	Other (list in	in comments) Storage Condition: Other (list in comments)							
Sample		Hazardous (fill out below) Controlled Substance (fill out below)				ıt below)			
Characteristics:	Hazard 1		,			DEA	#		
(check all that apply)	Hazard 2					DEA Scl	nedule		
Additional Data Requ			quote for pricing)						
Include copy of Raw Da				provide c	opy o	f Raw Data	ı		
Additional Testing Co					13				
N/A									
1 1/1 1									



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Organism Sample Descriptions

Sample Description (use description desired on final report)	Organi	sm Type	For Laboratory Use Only		
			Comments		
	Bacterial Unknown	Fungal/Yeast			
	Bacterial Unknown	Fungal/Yeast			
	Bacterial Unknown	Fungal/Yeast			
	Bacterial Unknown	Fungal/Yeast			
	Bacterial Unknown	Fungal/Yeast			
	Bacterial Unknown	Fungal/Yeast			
	Bacterial Unknown	Fungal/Yeast			
	Bacterial Unknown	Fungal/Yeast			
	Bacterial Unknown	Fungal/Yeast			
	Bacterial Unknown	Fungal/Yeast			
	Bacterial Unknown	Fungal/Yeast			
	Bacterial Unknown	Fungal/Yeast			
	Bacterial Unknown	Fungal/Yeast			
	Bacterial Unknown	Fungal/Yeast			
	Bacterial Unknown	Fungal/Yeast			

Submission of this executed form and the associated samples for testing signifies your acceptance of the terms and conditions incorporated in the Quote, or if none, Cambrex' general terms and conditions covering these services (See: http://cambrex.com/Forms-and-Certificates).