



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.

Please fill out form completely

| | | Requestor | | Invoicing (if different from Requestor) | |
|---------|--|-----------|--|---|--|
| PO # | | Contact | | Contact | |
| | | Company | | Company | |
| Quote # | | Address | | Address | |
| | | City | | City | |
| | | State/Zip | | State/Zip | |
| | | Phone | | Phone | |
| | | E-mail | | E-mail | |

Turnaround Time (TAT) Requested

| | |
|-----------------------|--|
| Turnaround Time (TAT) | <input type="checkbox"/> Standard (10 day) <input type="checkbox"/> TIER 2 STAT (4 Day) <input type="checkbox"/> TIER 3 STAT (2 Day) |
|-----------------------|--|

- All TATs are in business days assuming plated, pure cultures are received. Receipt of slant or broth cultures requires subculture to be performed prior to performing identification, which may affect TAT.
- Tier 2 and Tier 3 STAT processing requires receipt of the sample(s) prior to 9:30am.
- All Mass spectrometry samples are streaked for fresh growth before testing. This may affect TAT as TAT does not start until pure cultures are obtained.

Method: Choose ONE of the below methods (either Genetic Sequencing or Mass Spectrometry) and options as applicable

| | |
|---|---|
| Genetic Sequencing (bacterial, yeast, mold) | <input type="checkbox"/> Genetic Sequencing (GENSEQ) <input type="checkbox"/> Include a copy of the Phylogenetic Tree with the report (MID.Phylo) (additional fee applies) |
| Mass Spectrometry (for bacterial/ yeast samples only) | <input type="checkbox"/> Mass Spectrometry (MALDI) <input type="checkbox"/> Do NOT transfer failed samples to genetic sequencing |

Identification of Morphologies Requested:

| | |
|----------------------------|---|
| Morphology Assessment (MA) | <input type="checkbox"/> Circled morphologies (no additional charge; MA not required) <input type="checkbox"/> All distinct morphologies (MID.MA) <input type="checkbox"/> Top predominant morphologies (please list quantity) (MID.MA) <input type="checkbox"/> Other (provide details in additional comments) (MID.MA) |
|----------------------------|---|

Related Testing Requested:

| | |
|-----------------------------|---|
| Sample Preparation required | <input type="checkbox"/> MID.1161.SP, add if samples are not on culture media |
| Gram Stain | <input type="checkbox"/> Gram Stain required (MID.1017) |


Sample Handling Information

| | |
|--|---|
| Shipping Condition: <input type="checkbox"/> On dry ice <input type="checkbox"/> On ice <input type="checkbox"/> Other (list in comments) | Storage Condition: Default storage: 2 – 8 °C <input type="checkbox"/> Other (list in comments) |
|--|---|

| | | | | | | |
|--|--------------------------|----------------------------|--|--------------------------|---------------------------------------|--|
| Sample Characteristics: (check all that apply) | <input type="checkbox"/> | Hazardous (fill out below) | | <input type="checkbox"/> | Controlled Substance (fill out below) | |
| | | Hazard 1 | | | DEA # | |
| | | Hazard 2 | | | DEA Schedule | |

Additional Testing Comments

| |
|------------------------------|
| <input type="checkbox"/> N/A |
|------------------------------|

| | | | |
|---|---|----------------------------------|--|
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| | | Internal #: | |

Organism Sample Descriptions

| Sample Description (use description desired on final report) | Organism Type | | For Laboratory Use Only |
|---|------------------------------------|---------------------------------------|----------------------------|
| | | | Comments |
| | <input type="checkbox"/> Bacterial | <input type="checkbox"/> Fungal/Yeast | |
| | <input type="checkbox"/> Unknown | | |
| | <input type="checkbox"/> Bacterial | <input type="checkbox"/> Fungal/Yeast | |
| | <input type="checkbox"/> Unknown | | |
| | <input type="checkbox"/> Bacterial | <input type="checkbox"/> Fungal/Yeast | |
| | <input type="checkbox"/> Unknown | | |
| | <input type="checkbox"/> Bacterial | <input type="checkbox"/> Fungal/Yeast | |
| | <input type="checkbox"/> Unknown | | |
| | <input type="checkbox"/> Bacterial | <input type="checkbox"/> Fungal/Yeast | |
| | <input type="checkbox"/> Unknown | | |
| | <input type="checkbox"/> Bacterial | <input type="checkbox"/> Fungal/Yeast | |
| | <input type="checkbox"/> Unknown | | |
| | <input type="checkbox"/> Bacterial | <input type="checkbox"/> Fungal/Yeast | |
| | <input type="checkbox"/> Unknown | | |
| | <input type="checkbox"/> Bacterial | <input type="checkbox"/> Fungal/Yeast | |
| | <input type="checkbox"/> Unknown | | |
| | <input type="checkbox"/> Bacterial | <input type="checkbox"/> Fungal/Yeast | |
| | <input type="checkbox"/> Unknown | | |
| | <input type="checkbox"/> Bacterial | <input type="checkbox"/> Fungal/Yeast | |
| | <input type="checkbox"/> Unknown | | |
| | <input type="checkbox"/> Bacterial | <input type="checkbox"/> Fungal/Yeast | |
| | <input type="checkbox"/> Unknown | | |

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>).