



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 1 STAT (4 Day) <input type="checkbox"/> TIER 2 STAT (2 Day)
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- 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.
- STAT processing requires receipt of the sample(s) prior to 12:00 pm.
- 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.Tree) (see quote for pricing)
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)
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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.Gram)
Cryopreservation	<input type="checkbox"/> Cryopreserve isolates for future studies (CRYO) (list additional instructions in Comments)

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) <table border="1" style="width: 100%; border-collapse: collapse; margin-left: 20px;"> <tr> <td style="width: 15%;">Hazard 1</td> <td style="width: 85%;"></td> </tr> <tr> <td>Hazard 2</td> <td></td> </tr> </table>	Hazard 1		Hazard 2		<input type="checkbox"/> Controlled Substance (fill out below) <table border="1" style="width: 100%; border-collapse: collapse; margin-left: 20px;"> <tr> <td style="width: 60%;">DEA #</td> <td style="width: 40%;"></td> </tr> <tr> <td>DEA Schedule</td> <td></td> </tr> </table>	DEA #		DEA Schedule	
Hazard 1										
Hazard 2										
DEA #										
DEA Schedule										

Additional Data Requests: (additional fees apply, see quote for pricing)

Include copy of Raw Data	<input type="checkbox"/> Yes, provide copy of Raw Data
Include copy of ID Trending Data <input type="checkbox"/> per genus <input type="checkbox"/> per species	<input type="checkbox"/> Data up to 1 month <input type="checkbox"/> Data up to 6 months <input type="checkbox"/> Data from all past dates

Additional Testing Comments:

<input type="checkbox"/> N/A	
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	<p align="center">Microbial ID Test Request Form</p> <p align="center">Ship Samples To: Cambrex • Attn: Sample Login 104 Gold St. • Agawam, MA 01001 Email: login-ma@cambrex.com</p>	For Internal Tracking Use	
		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>).