

Analysis Request Form Microbial Identification



Ship samples and completed form to:
Sample Receiving
1417 Helmo Ave North
Oakdale, MN 55128

Customer Information	Contact Person:	Phone / Email:
	Company:	Project Manager:
	Street Address:	Email Report To:
	City, State ZIP:	

Invoicing Information	PO # (Required):	Invoice Contact:
	Quote #:	Company:
	<input type="checkbox"/> Accounts Payable	Street Address:
	Send Invoice to email:	City, State Zip:

Product Information	Project Title: (As to appear on final report)		
	Number of Samples Submitted:	Store at:	Sample Disposition:
		<input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerate	<input type="checkbox"/> Discard <input type="checkbox"/> Return – Account #:

Testing Information	Requested Turn Around Time at Subcontractor		Business Days: <input type="checkbox"/> 0 Day <input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Day <input type="checkbox"/> 5 Day (Standard) *Allow 3 business days for Pace Labs <i>Quality review</i>						
	#	Sample ID	Dominant Colony	Circled Colony	#	Sample ID	Dominant Colony	Circled Colony	<input type="checkbox"/> LM 102 Genetic Sequencing <input type="checkbox"/> LM 102 MALDI-TOF
	1		<input type="checkbox"/>	<input type="checkbox"/>	11		<input type="checkbox"/>	<input type="checkbox"/>	
	2		<input type="checkbox"/>	<input type="checkbox"/>	12		<input type="checkbox"/>	<input type="checkbox"/>	
	3		<input type="checkbox"/>	<input type="checkbox"/>	13		<input type="checkbox"/>	<input type="checkbox"/>	
	4		<input type="checkbox"/>	<input type="checkbox"/>	14		<input type="checkbox"/>	<input type="checkbox"/>	
	5		<input type="checkbox"/>	<input type="checkbox"/>	15		<input type="checkbox"/>	<input type="checkbox"/>	
	6		<input type="checkbox"/>	<input type="checkbox"/>	16		<input type="checkbox"/>	<input type="checkbox"/>	
	7		<input type="checkbox"/>	<input type="checkbox"/>	17		<input type="checkbox"/>	<input type="checkbox"/>	
	8		<input type="checkbox"/>	<input type="checkbox"/>	18		<input type="checkbox"/>	<input type="checkbox"/>	
	9		<input type="checkbox"/>	<input type="checkbox"/>	19		<input type="checkbox"/>	<input type="checkbox"/>	
10		<input type="checkbox"/>	<input type="checkbox"/>	20		<input type="checkbox"/>	<input type="checkbox"/>		

Special Instructions	
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Client Approval	_____ Submitter Date (DD MMM YYYY)
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PLS ONLY	Date/Time Received by: _____ Delivered by: <input type="checkbox"/> UPS <input type="checkbox"/> FedEx <input type="checkbox"/> Other _____
	Received Condition: <input type="checkbox"/> Ambient <input type="checkbox"/> Ice Pack <input type="checkbox"/> Dry Ice <input type="checkbox"/> Credo Cube _____ °C Placed in Quarantine: <input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerator <input type="checkbox"/> -20°C <input type="checkbox"/> -80°C
	WO#: _____ CS# (If Applicable): _____ Login Initial/Date: _____
	Comments: