



MEI Sample Submission Form

F21/GN021/07

Customer Information	
Technical Contact:	To protect confidentiality of our customer information, MEI will use specific Customer ID and Job ID on final report(s) instead of customer name and address.
Invoicing Contact:	
Company Name:	
Phone:	
Street Address:	Please choose preferred option for receipt of report
City, State, Zip:	<input type="checkbox"/> Fax to:
Purchase Order #:	<input type="checkbox"/> E-mail to:
Electronic documents will be provided in Adobe Acrobat (pdf) format	

Completed and signed sample submission form indicates agreement with the MEI Terms and Conditions and authorizes MEI to perform the requested test(s)

Item #	Customer Sample Label / Sample Number	Sample Source <i>e.g. contaminant, product, air, water service wipe, etc.</i>	Test Request Polyphasic ID* (ID), Genetic ID (GEN), Genetic Subtyping (TYP), or Other (please call)	Sample Type				Service Time Request** (days)	Comments (max. 30 characters)	MEI Use Only
				Bacteria	Mold & Yeast	Mycoplasma	Other(please call)			
1	ZT-7234	WFI	GEN	<input checked="" type="checkbox"/>				1	Suspect <i>Bacillus sp.</i>	MEI Lab Sample #
2	MB-405122	Surface Wipe	ID		<input checked="" type="checkbox"/>			10	Green mold	
3	RX-112233	Product	TYP	<input checked="" type="checkbox"/>				5	Suspect Salmonella	
4	9876543	Contaminant	ID & TYP	<input checked="" type="checkbox"/>				1	Suspect Ralstonia	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Customer Special Instructions:

Sample Condition: Frozen Refrigerated Other (describe):

* TEST REQUEST: Polyphasic ID is by Phenotypic & Genetic Sequencing methods. Genetic ID is Sequencing only. ** SERVICE TIME REQUEST (days): Same, 1, 2, 5, 10 or Special Project (please call our Service Representative for more information). Same & 1 day service requires advance notification and sample (pure fresh plate culture) arrival Mon - Fri. Furthermore, same & 1 day service requires sample arrival by 8:00 AM PST (M-F). Genetic Subtyping may require 3-7 days, depending on organism.

Authorized Signature: _____ Date: _____ Page _____ of _____

MEI Use Only	Customer ID #:	Job ID :
Date/Time Received:	Due Date:	File Name:
MEI/Customer Follow up Instructions:		Received by (print):
		Received by (sign):