

MOLECULAR EPIDEMIOLOGY, INC.



MEI Sample Submission Form

F21/GN021/07

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Technical Contact:					To protect confidentiality of our customer information, MEI will use specific								
Invoicing Contact:					Customer ID and Job ID on final report(s) instead of customer name and address.								
Company Name:													
Phone:					Please choose preferred option for receipt of report								
Street Address:					Fax to	:							
City, State, Zip:					E-mail to:								
Purchase Order #:						Electronic documents will be provided in Adobe Acrobat (pdf) format							
	Completed and signed sample submission form indicates agreemer Sample Source Test Request			nt with the MEI Terms and Sample Type				Conditions and authorizes MEI to perform the requested test(s)					
Item #	Customer Sample Label / Sample Number	<i>e.g.</i> contaminant, product, air, water, surface wipe, etc.	Polyphasic ID* (ID), Genetic ID (GEN), Genetic Subtyping (TYP), or Other (please call)	Bacteria	Mold & Yeast	Mycoplasma	Other (please call)	Service Time Request** (days)	Comments (max. 30 characters)	MEI On			
1	ZT-7234	WFI Ourface M/inc	GEN		.1			1	Suspect Bacillus sp.	МЕІ	Lah		
2	MB-405122 RX-112233	Surface Wipe Product	ID TYP		N			10 5	Green mold Suspect Salmonella	Sam			
4	9876543	Contaminant	ID & TYP					1	Suspect Ralstonia				
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Custo	mer Special Instructions												
Cusio		<u>»</u> .											
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 b						VI) 16	i-r). Ge	anetic Subtypin	ig may require 3-7 days, depending	on organisr	n. 		
Authorized Signature:					Date	e:			Page	of			
MEI Use Only Customer ID #:					Job ID :								
Date/Time Received: Due Date:					File Na				ne:				
MEI/Cu						Received by (print):							
									Received by (sign):				