



# Microbial Identification Request Form

<b>Please submit sample(s) to:</b>  <b>Sample Receiving</b> <b>1281 Helmo Avenue N</b> <b>Oakdale, MN 55128</b>	PO#	For PLS Use Only	
	PLS Quote # (if applicable)	Receipt #: _____ Date/ Time: _____	Delivered by: _____ Sign/Date: _____
		WO#:	Sign/Date:

<b>SEND REPORT TO:</b> Company: _____ Department: _____ Address: _____ City, State Zip: _____ Fax: _____		Name: _____ Title: _____ Phone: _____ E-mail: _____ CC: _____
---	--	---

<b>SEND INVOICE TO:</b> <input type="checkbox"/> Same as Report Address: _____ City, State Zip: _____ Attention: _____	Send Results via: <input type="checkbox"/> E-Mail <input type="checkbox"/> Fax <input type="checkbox"/> Mail  <input type="checkbox"/> Include Raw Data Package <small>(surcharge applicable)</small>
---	---

**SAMPLE INFORMATION:** (when submitting more than 10 samples, also complete page 2 of 2)

Sample ID	GROWTH CONDITIONS				Source of Isolate (if known)
	Media	Temp (°C)	Gram Reaction (if known)	Date Inoculated	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Return samples to requestor if checked, please provide shipping account #: \_\_\_\_\_

**TURNAROUND TIME:**     Standard (10 business days)  
                                    Other, please specify \_\_\_\_\_ day(s) (**advance notice required**)  
**REPORTING OF RESULTS:**     QA Review of data (additional charges apply)

**COMMENTS/SPECIAL INSTRUCTIONS:**

Requestor (Print):	Sample analysis CANNOT begin without a complete and signed Microbial Identification Request Form. (Includes signature or signature on file)  Signature confirms understanding and acceptance of PLS Terms and Conditions.
Requestor Signature/Date:	



**Microbial Identification Request Form**

**Microbiology    Chemistry    Physical Testing**  
**FDA Registered, cGMP Compliant, DEA Registered, ISO/IEC 17025**

<b>SAMPLE INFORMATION:</b>						
<b>Sample ID</b>		<b>GROWTH CONDITIONS</b>				<b>Source of Isolate (if known)</b>
		<b>Media</b>	<b>Temp (°C)</b>	<b>Gram Reaction (if known)</b>	<b>Date Inoculated</b>	
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						