



# Microbial Identification Request Form

<b>SUBMIT SAMPLES TO:</b> <b>Pace Analytical, Inc.</b> <b>El Retiro Industrial Zone</b> <b>Streets B &amp; C</b> <b>San German, PR 00683</b>	<b>PO#/PAYMENT METHOD (REQUIRED):</b> _____	<b>FOR PLS USE ONLY</b>
	<b>PLS QUOTE #</b> _____	WO#: _____ SIGN/DATE: _____

<b>SEND REPORT TO:</b> COMPANY _____ DIVISION/DEPT _____ ADDRESS _____ CITY, STATE, ZIP _____		NAME _____ PHONE _____ E-MAIL _____ CC _____
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<b>SEND INVOICE TO:</b> <input type="checkbox"/> ACCOUNTS PAYABLE COMPANY _____ ATTENTION _____ ADDRESS _____ CITY, STATE, ZIP _____	<b>REPORT NOTIFICATION SENT VIA EMAIL</b> <b>REPORT/RAW DATA AVAILABLE ON PACEPORT:</b> <a href="https://paceport.pacelabs.com/ClientPortal/">https://paceport.pacelabs.com/ClientPortal/</a>
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SAMPLE IDENTIFICATION	GROWTH CONDITIONS				LM 102 IDENTIFICATION TECHNIQUE
	SUBCULTURE INFORMATION		INCUBATION CONDITIONS	MEDIA TYPE	
	DATE/TIME IN:	DATE/TIME OUT:			
1					<input type="checkbox"/> MALDI-TOF* <input type="checkbox"/> SEQUENCING
2					<input type="checkbox"/> MALDI-TOF* <input type="checkbox"/> SEQUENCING
3					<input type="checkbox"/> MALDI-TOF* <input type="checkbox"/> SEQUENCING
4					<input type="checkbox"/> MALDI-TOF* <input type="checkbox"/> SEQUENCING
5					<input type="checkbox"/> MALDI-TOF* <input type="checkbox"/> SEQUENCING
6					<input type="checkbox"/> MALDI-TOF* <input type="checkbox"/> SEQUENCING
7					<input type="checkbox"/> MALDI-TOF* <input type="checkbox"/> SEQUENCING
8					<input type="checkbox"/> MALDI-TOF* <input type="checkbox"/> SEQUENCING
9					<input type="checkbox"/> MALDI-TOF* <input type="checkbox"/> SEQUENCING
10					<input type="checkbox"/> MALDI-TOF* <input type="checkbox"/> SEQUENCING

**TURN AROUND TIME:**  
 MALDI-TOF:  STANDARD (7 DAYS)     6 DAYS     5 DAYS     4 DAYS     3 DAYS     OTHER: \_\_\_\_\_  
 SEQUENCING:  STANDARD (12 DAYS)     6 DAYS     3 DAYS     2 DAYS     1 DAY     OTHER: \_\_\_\_\_

**SAMPLE HANDLING:** BIO-HAZARDOUS    **STORE AT:**     AMBIENT     REFRIGERATE

**SAMPLE DISPOSITION:**     DISCARD     RETURN - SHIPPING ACCOUNT #: \_\_\_\_\_

**COMMENTS/SPECIAL INSTRUCTIONS:**  
 \_\_\_\_\_  
 \_\_\_\_\_

REQUESTOR (PRINT): _____	REQUESTOR SIGNATURE/DATE: _____
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**FOR PLS USE ONLY:**  
 DELIVERED BY:     UPS     FedEx     COURIER     CLIENT     OTHER: \_\_\_\_\_  
 TEMP ON RECEIPT: \_\_\_\_\_ °C     ICE PACK PRESENT     N/A – RECEIVED AMBIENT  
 SAMPLES PLACED IN QUARANTINE:     AMBIENT     REFRIGERATION     FREEZER     -80°C FREEZER  
 SAMPLES RECEIVED BY/DATE/TIME: \_\_\_\_\_

\*Sample will be tested per LM 262 at Pace Analytical Life Sciences, San German, Puerto Rico