

# Test Request Form – DNA

## SEND REPORT TO:

company/university \_\_\_\_\_  
 name \_\_\_\_\_  
 mailing address \_\_\_\_\_  
 city/state/zip \_\_\_\_\_  
 email \_\_\_\_\_  
 phone \_\_\_\_\_  
 fax (if no email) \_\_\_\_\_

## Select Turnaround Time:

- ✓ Turnaround times in business days for plated, pure cultures  
 Note: Samples submitted in slants and/or tubes pre-authorizes a subculture upon receipt.
- ✓ Next Day requires receipt of sample(s) prior to 10:30 am (UPS Red recommended)
- ✓ See fee schedule for priority surcharges
- ✓ Please call before shipping weekend or holiday samples

## Select Results Delivery:

Include Microcheck Signature Report only	<input type="checkbox"/> Email only	<input type="checkbox"/> Email & Mail
Include Microcheck Signature Report & Sequencer Printouts	<input type="checkbox"/> Email only	<input type="checkbox"/> Email & Mail

FOR LABORATORY USE ONLY		
rec'd by:	courier	
date:	time: :	cycle date:
quantity:	p/s/t:	

## BILL TO ACCOUNTS PAYABLE:

company/university \_\_\_\_\_  
 mailing address \_\_\_\_\_  
 city/state/zip \_\_\_\_\_  
 email \_\_\_\_\_ phone \_\_\_\_\_  
 purchase order number \_\_\_\_\_  
 credit card #(visa, mc, amex) exp. date \_\_\_\_\_  
 authorized signature \_\_\_\_\_

<input type="checkbox"/> <b>STANDARD 4 Day</b>	<input type="checkbox"/> <b>Do Not Include GenBank Results</b>
<b>PRIORITY</b> <input type="checkbox"/> 2 Day <input type="checkbox"/> Next Day	<b>Mixed cultures (isolation fee applies):</b> <input type="checkbox"/> <u>Isolate and identify</u> all macroscopically different cultures  <input type="checkbox"/> <u>Isolate and identify</u> no more than _____ macroscopically different cultures per sample.

## Special Project (material, liquid, product):

Perform testing per approved Microcheck estimate number \_\_\_\_\_ (Contact us before shipping Special Project samples).

## Information about these samples or special instructions for laboratory:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Questions about shipping? Contact [info@microcheck.com](mailto:info@microcheck.com) or call 866/709-6600



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 Northfield, VT 05663

tel 866/709-6600  
 fax 866/606-6100  
[info@microcheck.com](mailto:info@microcheck.com)

FOR LABORATORY USE ONLY						
Results Complete	Results Complete		Qty	Service	Qty	Service
1 <sup>st</sup> review by:	1 <sup>st</sup> review by:			DNA Seq		Sample Processing
				Next Day TAT		Isolation
2 <sup>nd</sup> review by:	2 <sup>nd</sup> review by:			2 Day TAT		Phylogenetic Tree
				3 Day TAT		AST

**LIST ID LABEL FOR EACH ISOLATE/SAMPLE**

- ✓ To avoid extra charges and possible delays please indicate whether any samples are anaerobic under (AN)
- ✓ Samples submitted on one test request form will have their results outlined in one report. If more than one report is required, please submit on separate test request forms.
- ✓ Volume discounts will be applied per identification report.

**Aerobic Bacteria/Anaerobic Bacteria/Actinomycetes**

<b>(AN) Lab Use Only</b>		<b>(AN) Lab Use Only</b>	
1	1 <input type="checkbox"/>	11	11 <input type="checkbox"/>
2	2 <input type="checkbox"/>	12	12 <input type="checkbox"/>
3	3 <input type="checkbox"/>	13	13 <input type="checkbox"/>
4	4 <input type="checkbox"/>	14	14 <input type="checkbox"/>
5	5 <input type="checkbox"/>	15	15 <input type="checkbox"/>
6	6 <input type="checkbox"/>	16	16 <input type="checkbox"/>
7	7 <input type="checkbox"/>	17	17 <input type="checkbox"/>
8	8 <input type="checkbox"/>	18	18 <input type="checkbox"/>
9	9 <input type="checkbox"/>	19	19 <input type="checkbox"/>
10	10 <input type="checkbox"/>	20	20 <input type="checkbox"/>

**Fungi/Yeasts**

<b>Lab Use Only</b>		<b>Lab Use Only</b>	
1	1 <input type="checkbox"/>	4	4 <input type="checkbox"/>
2	2 <input type="checkbox"/>	5	5 <input type="checkbox"/>
3	3 <input type="checkbox"/>	6	6 <input type="checkbox"/>