

# Test Request Form – Microscopic Fungal ID

FOR LABORATORY USE ONLY		
tracking#:		1 <sup>st</sup> cycle:
rec'd by:	courier:	
date:	time:	2 <sup>nd</sup> cycle:
quantity:	p/s/t:	

**SEND REPORT TO:**

name \_\_\_\_\_

company/university \_\_\_\_\_

mailing address \_\_\_\_\_

city/state/zip \_\_\_\_\_

phone \_\_\_\_\_

email \_\_\_\_\_

fax (if no email) \_\_\_\_\_

**BILL TO ACCOUNTS PAYABLE:**

check here for email only invoicing

company/university \_\_\_\_\_

mailing address \_\_\_\_\_

city/state/zip \_\_\_\_\_

email \_\_\_\_\_ phone \_\_\_\_\_

purchase order number \_\_\_\_\_

credit card # (visa, mc, amex) exp. date \_\_\_\_\_

authorized signature \_\_\_\_\_

<p><b>Check STANDARD or *STAT analysis:</b></p> <p><input type="checkbox"/> STANDARD analysis    <input type="checkbox"/> STAT analysis – urgent</p> <p>* STAT samples positioned first on laboratory schedule</p> <p>* STAT surcharge – 100%</p>	<p><b>Select Results Delivery:</b></p> <p><input type="checkbox"/> Email only    <input type="checkbox"/> Email &amp;Mail (\$15 fee applies)</p>
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**Mixed cultures**

Isolate and identify all macroscopically different cultures     Isolate and identify no more than \_\_\_\_ macroscopically different cultures per sample.

**Check box(es) below to pre-authorize work that may be required to confirm speciation on an as needed basis:**

Speciate *Penicillium* using Pitt media     If yeast, actinomycete or bacterium, identify using DNA analysis

**Information about these samples or special instructions for laboratory:** (Contact us before shipping raw product samples).

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



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142 Gould Rd.    fax 866/606-6100  
Northfield, VT 05663    [info@microcheck.com](mailto:info@microcheck.com)

FOR LABORATORY USE ONLY						
<input type="checkbox"/> Results Complete	<input type="checkbox"/> Results Complete		Qty	Service	Qty	Service
1 <sup>st</sup> review by:	1 <sup>st</sup> review by:			FID species		STAT
				FID genus		Isolation
2 <sup>nd</sup> review by:	2 <sup>nd</sup> review by:			PITT surcharge		
				Fungal Sub		

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

- ✓ 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.

**Fungi**

Lab Use Only		Lab Use Only					
1	1	<input type="checkbox"/>	PITT	PPM1	PPM2	KEY_____	PG_____
2	2	<input type="checkbox"/>	PITT	PPM1	PPM2	KEY_____	PG_____
3	3	<input type="checkbox"/>	PITT	PPM1	PPM2	KEY_____	PG_____
4	4	<input type="checkbox"/>	PITT	PPM1	PPM2	KEY_____	PG_____
5	5	<input type="checkbox"/>	PITT	PPM1	PPM2	KEY_____	PG_____
6	6	<input type="checkbox"/>	PITT	PPM1	PPM2	KEY_____	PG_____
7	7	<input type="checkbox"/>	PITT	PPM1	PPM2	KEY_____	PG_____
8	8	<input type="checkbox"/>	PITT	PPM1	PPM2	KEY_____	PG_____
9	9	<input type="checkbox"/>	PITT	PPM1	PPM2	KEY_____	PG_____
10	10	<input type="checkbox"/>	PITT	PPM1	PPM2	KEY_____	PG_____
11	11	<input type="checkbox"/>	PITT	PPM1	PPM2	KEY_____	PG_____
12	12	<input type="checkbox"/>	PITT	PPM1	PPM2	KEY_____	PG_____

**Laboratory Use Only:** Laboratory Comments