



MOLECULAR EPIDEMIOLOGY, INC.

dba Laboratories & Consulting Group

MEI Sample Submission Form

F21/GN021/06

Customer Information		To protect confidentiality of our customer information, MEI will use specific Customer ID and Job ID on final report(s) instead of customer name and address.
Technical Contact:		
Invoicing Contact:		
Company Name:		
Phone:	Please choose preferred option for preliminary written report	
Street Address:	<input type="checkbox"/>	Fax to:
City, State, Zip:	<input type="checkbox"/>	E-mail to:
Purchase Order #:	Electronic documents will be provided in Adobe Acrobat (pdf) format.	

Completed and signed sample submission form indicates agreement with the MEI terms and conditions and authorizes MEI to perform the requested test(s)

Example	Your Sample Code	Sample Source <small>e.g. contaminant, product, air, water, surface wipe, etc.</small>	Test Request <small>Phenotypic & Genetic ID (ID), Genetic Subtyping (TYP), or Other (please call)</small>	Sample Type (Optional)				Service Time Request* <small>(days)</small>	Comments <small>(as you want them to appear on the final report)</small> Please use separate sheet if you would like to provide additional information about your sample(s).	MEI Use Only
				Bacteria	Mold & Yeast	Mycoplasma	Other (please call)			
1	ZT-7234	WFI	ID	✓				Same	Suspect <i>Bacillus sp.</i>	MEI Lab Sample #
2	MB-405122	Surface Wipe	ID + TYP	✓	✓			10	Green Fungus	
3	RX-112233	Product	ID + TYP	✓		✓		5	EM Sample	
4	9876543	Contaminant	ID				✓	1	Agar Slant	

Customer Special Instructions:

Sample Condition: Frozen Refrigerated Other (describe):

* SERVICE TIME REQUEST (days): Same, 1, 2, 5, 10 - 14 (Archival or Fungal Cultures), or Special Project (please call our Service Representative at 206-306-8882 for more information). Same, 1 & 2 day service requires advance notification and sample (pure plate or slant culture) arrival Mon - Fri. Furthermore, same day service requires sample arrival by 8:00 AM PST (M-F). Genetic Subtyping may require 24 - 72 hours depending on method of analysis.

Authorized Signature: Date: Page of

MEI Use Only		Customer ID #:	Job ID/MEI Project #:
Date/Time Received:	Due Date/Time:	File Name/Set #:	
MEI/Customer Follow up Instructions:			Received by (print):
			Received by (sign):