# SAMPLE SUBMISSION FORM

Client Name: ________________________________  Ship Date: ________________

Client Account Number: __________ - __________ - __________  P.O. #: __________

Microorganism (genus/species): ________________________________

Passage: __________  Identification Number: ________________________________ □ N/A

(Recommend ≤3, NMT 4)

Medium: □ TSA  □ SDA  □ Other: ________  Format: □ Plate  □ Slant  □ Frozen  □ Other: ________

Gram Reaction: □ Positive  □ Negative  □ Variable  □ N/A (mold only)

Cellular Morphology: □ Coci  □ Rods  □ Yeast  □ Cocco-bacilli  □ N/A (mold only)

Incubation Temperature: □ 20-25°C  □ 30-35°C  □ 35-37°C  □ Other: __________

Incubation Conditions: □ Aerobic  □ Anaerobic

Special/Additional Instructions: ________________________________________________

Specify Requested Product:

CryoLC® #Units/Set: □ 50  □ 100  □ Other (Quoted): __________

CryoHC® #Units/Set: □ 25  □ 50  □ Other (Quoted): __________

Requested CryoHC® Concentration: □ 10^6 - 10^7 cfu/0.1 mL  □ Other: __________ cfu/0.1 mL

(Not to exceed 10^7 - 10^8)

Submitted by:

Name (print): ________________________________

Sign: ________________________________  Date: ________________