



SAMPLE SUBMISSION FORM

Client Name: _____	Ship Date: _____
Client Account Number: _____ - _____ - _____	P.O. #: _____
Microorganism (genus/species): _____	
Passage: _____ <small>(Recommend ≤3, NMT 4)</small>	Identification Number: _____ <input type="checkbox"/> N/A
Medium: <input type="checkbox"/> TSA <input type="checkbox"/> SDA <input type="checkbox"/> Other: _____	Format: <input type="checkbox"/> Plate <input type="checkbox"/> Slant <input type="checkbox"/> Frozen <input type="checkbox"/> Other: _____
Gram Reaction: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Variable <input type="checkbox"/> N/A (mold only)	
Cellular Morphology: <input type="checkbox"/> Cocci <input type="checkbox"/> Rods <input type="checkbox"/> Yeast <input type="checkbox"/> Cocco-bacilli <input type="checkbox"/> N/A (mold only)	
Incubation Temperature: <input type="checkbox"/> 20-25°C <input type="checkbox"/> 30-35°C <input type="checkbox"/> 35-37°C <input type="checkbox"/> Other: _____	
Incubation Conditions: <input type="checkbox"/> Aerobic <input type="checkbox"/> Anaerobic	
Special/Additional Instructions: _____ _____ _____ <input type="checkbox"/> N/A	
Specify Requested Product:	
CryoLC® #Units/Set: <input type="checkbox"/> 50 <input type="checkbox"/> 100 <input type="checkbox"/> Other (Quoted): _____	
CryoHC® #Units/Set: <input type="checkbox"/> 25 <input type="checkbox"/> 50 <input type="checkbox"/> Other (Quoted): _____	
Requested CryoHC® Concentration: <input type="checkbox"/> 10 ⁶ - 10 ⁷ cfu/0.1 mL <input type="checkbox"/> Other: _____ cfu/0.1 mL <small>(Not to exceed 10⁷ - 10⁸)</small>	
Submitted by:	
Name (print): _____	
Sign: _____	Date: _____