

AccuPRO-ID™ Identification Request Form Guide

223 LAKE DRIVE NEWARK, DE 19702 PHONE 302.292.8888 FAX 302.292.8468

① ACCOUNT # _____ LOGGED _____ CALLED _____
 FOR ACCUGENIX USE ONLY

CUSTOMER ACCOUNT INFORMATION

③ SHIP REPORTS TO ②
 COMPANY _____ CONTACT NAME _____ QUOTE # _____
 ADDRESS _____ CITY _____ STATE _____
 ZIP/MAIL CODE _____ COUNTRY _____ PHONE _____

④ BILL TO
 SAME AS SHIPPING
 INVOICING CONTACT _____ DEPARTMENT _____ PHONE _____ FAX _____
 ADDRESS _____ CITY _____ STATE _____
 ZIP/MAIL CODE _____ COUNTRY _____ EMAIL ADDRESS _____

⑤ PAYMENT INFORMATION
 PURCHASE ORDER # _____
 If using a PO#, send a signed copy via email to technicalsupport@accugenix.com, or fax to 302.292.8468.
 CREDIT CARD # _____ VISA MASTERCARD AMERICAN EXPRESS
 CARDHOLDER NAME _____ EXPIRATION DATE _____ CSC CODE (3 OR 4 DIGIT) _____

⑥ DELIVERY OF ID REPORTS ON DUE DATE
 VIA EMAIL - PROVIDE ALL APPLICABLE ADDRESS(ES) _____
 VIA FAX - PROVIDE FAX NUMBER _____
 DELIVERY OF HARD COPY ID REPORTS ⑦
 SEND HARD COPY REPORTS OVERNIGHT (ADDITIONAL CHARGE APPLIES)
 DO NOT SEND HARD COPIES (ACCUGENIX WILL ARCHIVE)

⑧ SAMPLE DISPOSITION **MUST CHOOSE ONE.** Samples will be discarded 3 calendar weeks from sample due date.
 Discard Sample Return Sample (Customer FedEx # Required) Customer FedEx# _____

⑨ AUTHORIZATION
 AUTHORIZED SIGNATURE (REQUIRED) _____ DATE _____

PROTEOTYPIC BACTERIAL IDENTIFICATION

TEST CODES: The number in each code refers to the desired turnaround time in business days from when the sample is received and meets the sample shipping requirements as stated in the Terms & Conditions.
 MALDI Bac-0
 MALDI Bac-1
 MALDI Bac-2
 MALDI Bac-5
 MALDI Bac-10
 Only bacterial samples can be submitted for proteotypic identification. For fungal samples, please contact technical support for assistance at 302-292-8888.
 • For Direct Samples, both temperature and time are critical factors that will affect result. Samples should not be exposed to or stored at temperatures below room temperature. Ship samples at room temperature. NO ICE PACKS! The total time from sample inoculation to arrival at Accugenix should not exceed 48 hours, otherwise subculture will be required (check below). Record inoculation date and time information for each Direct Sample submitted.
 • Ethanol Extracted Samples are not time sensitive nor affected by temperature fluctuations.

⑩ When more than one colony type is present: ID DOMINANT COLONY ONLY ID ALL DISTINCT COLONY TYPES ID CIRCLED COLONY ONLY

ACCUGENIX USE ONLY	CUSTOMER SAMPLE ID	DIRECT	DATE	TIME	EXTRACT	MARKETED PRODUCTS	SUBCULTURE REQUIRED**	TEST CODE	COMMENTS
	1								
	2								
	3								
	4								
	5								
	6								
	7								
	8								
	9								
	10								

* Check only if sample is recovered from marketed product source. ** Only Direct Samples can be sub-cultured. 1 OF 2 SOP-GEN-058.3 EFF. 11MAR10

1. Enter your Accugenix Account #, if known
2. Enter your Quote #, if known
3. Indicate contact information: Hard copies will be shipped to this person only
4. Enter billing information if different from "Ship Reports To"
5. Indicate method of payment
6. Reports are issued on their due date; indicate your preferred method of delivery (email or fax)
7. If you require Hard Copies shipped overnight (additional charge) **or** DO NOT wish to receive them, check one of the boxes
8. Select one of 2 choices: *disposal* or *return* of your sample(s)
9. Sign and date the form to authorize testing (Required)
10. **Select one of these 3 options for samples having more than one colony type** (Required). Failure to complete this section will delay testing on any sample that is not a pure culture as we will need to contact you for clarification.
11. Enter the Sample ID (your sample code – will appear on the sample and the final report)
12. Check DIRECT or EXTRACT. If the sample is "DIRECT", include the DATE and TIME of inoculation. Check "MARKETED PRODUCTS" for any sample that is affiliated with a **marketed product**. If the sample will have been older than 48 hours upon arrival at Accugenix, check "SUBCULTURE REQUIRED."
13. Enter the appropriate Test Code for your sample ("Test Information" box lists available test codes)

Important Final Step – Include a signed and dated copy of your completed AccuPRO-ID™ ID Request Form with your samples; retain a copy for your records. Failure to complete the ID Request Form may delay sample testing.