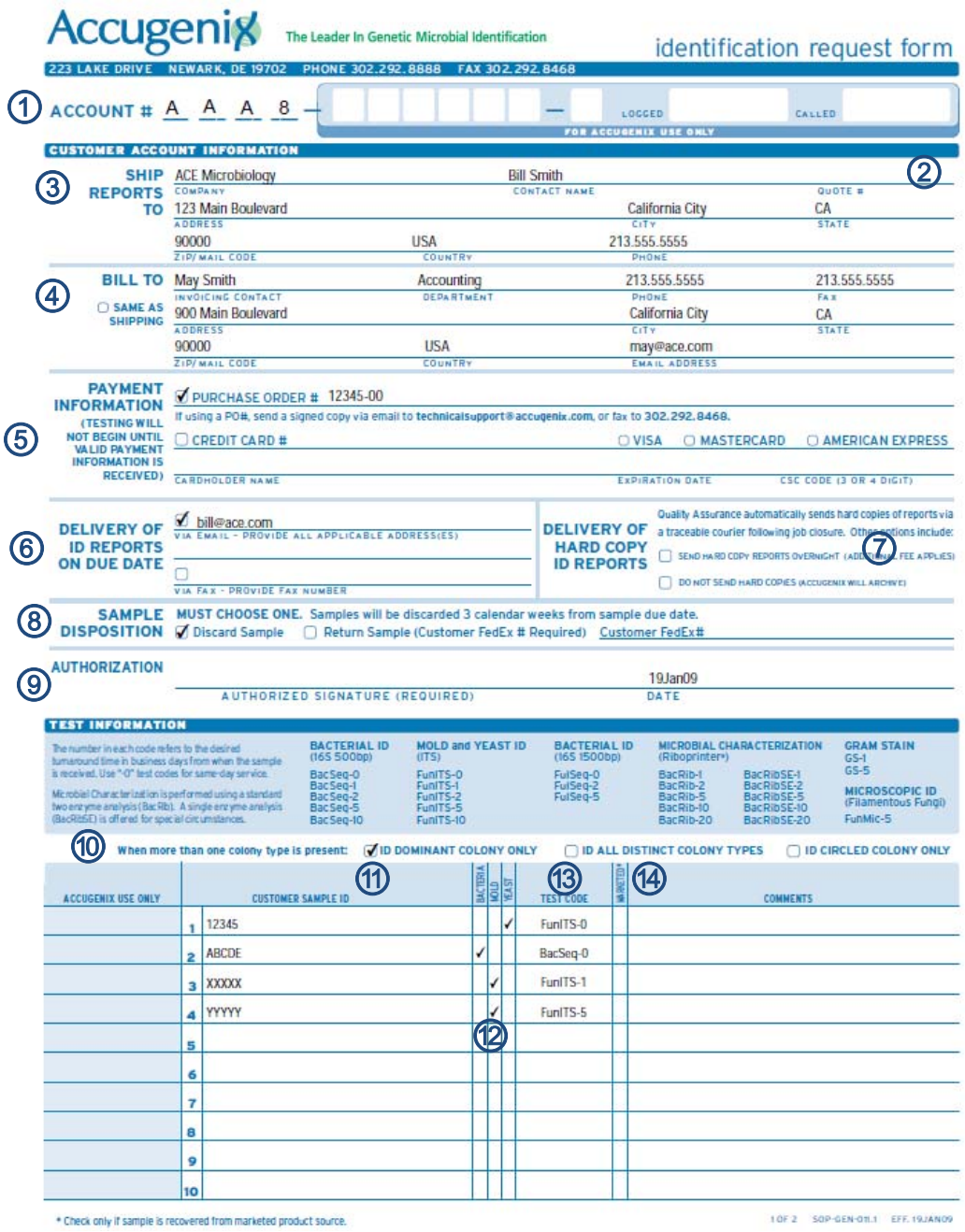
Identification Request Form Guide



Accugenix — The Leader In Genetic Microbial Identification

identification request form

223 LAKE DRIVE NEWARK, DE 19702 PHONE 302.292.8888 FAX 302.292.8468

① ACCOUNT # A A A 8 — LOGGED CALLED FOR ACCUGENIX USE ONLY

CUSTOMER ACCOUNT INFORMATION

③ SHIP REPORTS TO: ACE Microbiology (COMPANY) | Bill Smith (CONTACT NAME) | ② (QUOTE #)
123 Main Boulevard (ADDRESS) | California City (CITY) | CA (STATE)
90000 (ZIP/MAIL CODE) | USA (COUNTRY) | 213.555.5555 (PHONE)

④ BILL TO ☐ SAME AS SHIPPING: May Smith (INVOICING CONTACT) | Accounting (DEPARTMENT) | 213.555.5555 (PHONE) | 213.555.5555 (FAX)
900 Main Boulevard (ADDRESS) | California City (CITY) | CA (STATE)
90000 (ZIP/MAIL CODE) | USA (COUNTRY) | may@ace.com (EMAIL ADDRESS)

⑤ PAYMENT INFORMATION (TESTING WILL NOT BEGIN UNTIL VALID PAYMENT INFORMATION IS RECEIVED)
☑ PURCHASE ORDER # 12345-00
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
☑ bill@ace.com (VIA EMAIL - PROVIDE ALL APPLICABLE ADDRESS(ES))
☐ (VIA FAX - PROVIDE FAX NUMBER)

⑦ DELIVERY OF HARD COPY ID REPORTS
Quality Assurance automatically sends hard copies of reports via a traceable courier following job closure. Other options include:
☐ SEND HARD COPY REPORTS OVERNIGHT (ADDITIONAL FEE 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) | 19Jan09 (DATE)

TEST INFORMATION

The number in each code refers to the desired turnaround time in business days from when the sample is received. Use "-0" test codes for same-day service.
Microbial Characterization is performed using a standard two enzyme analysis (BacRib). A single enzyme analysis (BacRibSE) is offered for special circumstances.

BACTERIAL ID (16S 500bp)	MOLD and YEAST ID (ITS)	BACTERIAL ID (16S 1500bp)	MICROBIAL CHARACTERIZATION (Riboprinter®)		GRAM STAIN / MICROSCOPIC ID
BacSeq-0	FunITS-0	FulSeq-0	BacRib-1	BacRibSE-1	GS-1
BacSeq-1	FunITS-1	FulSeq-2	BacRib-2	BacRibSE-2	GS-5
BacSeq-2	FunITS-2	FulSeq-5	BacRib-5	BacRibSE-5	MICROSCOPIC ID (Filamentous Fungi)
BacSeq-5	FunITS-5		BacRib-10	BacRibSE-10	FunMic-5
BacSeq-10	FunITS-10		BacRib-20	BacRibSE-20	

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		⑪ CUSTOMER SAMPLE ID	BACTERIA	MOLD	YEAST	⑬ TEST CODE	MARKETED*	⑭ COMMENTS
	1	12345			✓	FunITS-0		
	2	ABCDE	✓			BacSeq-0		
	3	XXXXX		✓		FunITS-1		
	4	YYYYY		✓		FunITS-5		
	5		⑫					
	6							
	7							
	8							
	9							
	10							

* Check only if sample is recovered from marketed product source.

1 OF 2 SOP-GEN-011.1 EFF. 19JAN09

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. Choose either Bacteria, Mold, or Yeast for each Sample; this will be used to confirm that the correct test code is chosen for the sample
13. Enter the appropriate Test Code for your sample ("Test Information" box lists available test codes)
14. Check this column for any sample that is affiliated with a ***marketed product***

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