

Organism Identification Test Request



Ship samples and completed form to: STERIS Laboratories • 9303 West Broadway Ave • Brooklyn Park, MN 55445 • (763) 315-1200

CUSTOMER INFORMATION

Bill to Company:	PO# / Last 4 CC#:
Street Address:	Quote # (if known):
City, State ZIP:	<i>If "Ship to Company:" is different from "Bill to Company:", list below.</i>
Contact Person:	Ship to Company:
Contact Phone / email:	Street Address:
Email Report to:	City, State ZIP:

PRODUCT INFORMATION

Sample Name for Report:
Unique Identifier for Report:
(Lot, Run #, etc.)
Original STERIS Sample / Project #:

TESTING INFORMATION

Test Code:
Colonies to identify:
Predominant colonies definition:

SPECIAL INSTRUCTIONS

STAT processing requested. (MS/01 charge applies)

ADDITIONAL INSTRUCTIONS

APPROVAL

By signing and dating below, I acknowledge I have read, understand, and accept [STERIS TERMS AND CONDITIONS](#).
Additionally, I authorize the use of a subcontract vendor for genetic identification testing.

Signature (testing cannot proceed without signature and date)

Date

STERIS USE ONLY

Date Received:

Sample / Project #:

Received By: