



SAMPLE SUBMISSION FORM

Laboratory Use Only	
Accession Number:	
Received Date/Time:	

RUSH (additional charge)

(Use Additional Sheets as Necessary) Page _____ of _____

Customer Information

Contact	
Company	
Street Address	
City, State, Zip	
Phone	
E-mail(s) for results	
PO #	

Billing Information

Contact	
Company	
Street Address	
City, State, Zip	
Phone	
E-mail(s) for invoicing	
Quote #	

Sample Information

All information must be complete before testing can be initiated.

Sample Description:				
Incubation conditions (temp/duration)	1 st incubation:	<input type="checkbox"/> N/A	2 nd incubation:	<input type="checkbox"/> N/A
Volume to test (bioburden/sterility):	<input type="checkbox"/> N/A	Sample Storage: <input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerate <input type="checkbox"/> Frozen		
Quantity Submitted for Testing:	<input type="checkbox"/> Individual <input type="checkbox"/> Pooled	Sample Disposition: <input type="checkbox"/> Discard <input type="checkbox"/> Return		
Additional Information:				

Testing Information

This information will be used for result release.

If no acceptance criteria are indicated, results will be reported as for information only (FIO).

Test Code (from Quote)	Sample ID	Acceptance Criteria	Special Instructions

Signatures *Customer agrees to Infinity Laboratories' terms and conditions.*

Customer: _____

Date: _____

Infinity Laboratories: _____

Date: _____