

## SEQUENCING IDENTIFICATION REQUEST FORM

*Leave Blank: to be completed by NCIMB*

Date request received:

ID No:

### PLEASE COMPLETE THE FOLLOWING INFORMATION:

<b>1</b>	Name and address:          Tel: <span style="margin-left: 200px;">Fax:</span>  Email:
<b>2</b>	Purchase Order No:
<b>3</b>	VAT Number (EU only):
<b>4</b>	Invoicing address (if different from above):

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**ANALYSES REQUIRED** (N.B. This information is mandatory. Please print clearly.)

**Please note: NCIMB can only accept samples up to ACDP hazard category 2. If the organism is known to be ACDP Category 2+, it must be attenuated and MUST be stated on this request form. Organisms belonging to ACDP categories 3 and 4 will not be accepted.**

Isolate/Sample Reference	Analyses Required				Suspected Identity	Turnaround Required*
	Bacterial 500bp	Bacterial Full Gene	Fungal D2 LSU	DNA Archiving		
Example Isolate 1234	✓	-	-	-	B.cereus	Next day

\* Turnaround options: Next Day (for samples received by 10am), 3-day, 10-day.

Is a CD containing raw data required?	Yes	No
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Have any of the organisms been derived by genetic manipulation?	Yes	No
If yes please indicate which isolates this would apply to:		

Is the ID required in relation to a licensed pharmaceutical product and/or GMP-relevant?	Yes	No
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Any other tests required (please specify):
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**Can the person responsible for the order please sign below (mandatory):**

**Customer's Signature:**

**Date:**

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### APPENDIX: FURTHER INFORMATION

If you require further (confirmatory) biochemical testing on any of the isolates submitted for testing then we will require details of culturing conditions to establish an active culture. Please record this information below:

Isolate Code	Incubation T <sup>o</sup> C	Growth media used	Source of isolate	Suspected Identity	Other Information (e.g. Gram status)