

## BACTERIAL AND FUNGAL IDENTIFICATION REQUEST FORM



|          |                                  |
|----------|----------------------------------|
| Name:    | Purchase order no.:              |
| Email:   | VAT number (EU only):            |
| Tel:     |                                  |
| Address: | Invoicing address (if different) |

| Isolate code /<br>sample<br>reference * | Analysis required              |                                  |                              |      | Turnaround<br>time** | Suspected<br>identity | Incubation<br>temp °C | Growth<br>media<br>used | Source<br>of isolate | Gram<br>status |
|---|--------------------------------|----------------------------------|------------------------------|------|----------------------|-----------------------|-----------------------|-------------------------|----------------------|----------------|
|   | Standard<br>bacterial<br>500bp | Full gene<br>bacterial<br>1500bp | Standard<br>fungal<br>D2 LSU | MLST |                      |                       |                       |                         |                      |                |
|   |                                |                                  |                              |      |                      |                       |                       |                         |                      |                |
|   |                                |                                  |                              |      |                      |                       |                       |                         |                      |                |
|   |                                |                                  |                              |      |                      |                       |                       |                         |                      |                |
|   |                                |                                  |                              |      |                      |                       |                       |                         |                      |                |
|   |                                |                                  |                              |      |                      |                       |                       |                         |                      |                |
|   |                                |                                  |                              |      |                      |                       |                       |                         |                      |                |
|   |                                |                                  |                              |      |                      |                       |                       |                         |                      |                |
|   |                                |                                  |                              |      |                      |                       |                       |                         |                      |                |

**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.

\* Please allocate one code per isolate to be identified.

\*\*Samples for same day or next day analysis to be received by 10am. For mixed cultures or "raw" samples that have not been isolated, such as water, slimes or swabs, please contact us to discuss testing options.

|   |     |    |   |
|---|-----|----|---|
| Have any of the organisms been derived from genetic manipulation? | Yes | No | If yes, please indicate which isolates this applies to: |
| Is the ID GMP relevant?   | Yes | No |   |
| Any other tests required (please specify):                        |     |    |   |

**Please sign and date below to confirm your order**

**Customer's signature:**

**Job title:**

**Date:**

For more information about what we do with your personal information please see our [privacy notice](#).

If you are shipping samples from outside of the UK please see the following page for information on customs paperwork.

## **Paperwork for customs purposes**

If you are shipping samples from outside of the United Kingdom, the information listed below should be included in your paperwork to avoid delays.

**Shipper address:** *your address*

**Shipper phone number:** *your phone number*

**Shipper email address:** *your email*

**Receiver address:** NCIMB Ltd, Ferguson Building, Craibstone Estate, Bucksburn, Aberdeen, AB21 9YA, United Kingdom

**Receiver phone number:** +44 (0) 1224 009333

**Receiver email address:** enquiries@ncimb.com

**Value of the package:** if the samples are environmental isolates for identification, a nominal value can be included e.g. £10

**Commodity code:** 30029050 is the code for microbial cultures

**NCIMB's EORI number:** GB761694795000

**End use:** lab testing

**NCIMB Ltd**

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Ferguson Building, Craibstone Estate, Bucksburn, Aberdeen, AB21 9YA, United Kingdom

Tel: +44 (0)1224 009333 Email: enquiries@ncimb.com Website: www.ncimb.com