

QF-115b

Cross-ref: QP-7-22

SEQUENCING REQUEST FORM



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

Isolate code / sample reference	Analysis required				Turnaround time*				Suspected identity	Incubation temp °C	Growth media used	Source of isolate	Gram status
	Standard bacterial 500bp	Full gene bacterial 1500bp	Standard fungal D2 LSU	MLST	Same day	Next day	3 day	10 day					

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.

***Samples for same day or next day analysis to be received by 10am.**

Have any of the organisms been derived from genetic material	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:

NCIMB Limited

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