



## Bacterial ID Submission Form

Please enclose a submission form with each package submitted to the lab. Thank you!

Line No.	Date Sampled	Sample Description	Media Type	Lot #	Expiration
1					
2					
3					
4					
5					

**Company Sampled**

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone/Fax \_\_\_\_\_  
Email \_\_\_\_\_  
Contact Person \_\_\_\_\_

**Samples Taken By** \_\_\_\_\_

**Comments/Notes**

