



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

