



# Sample Submission Form

Date 10/2/2023

MIDI Labs: USDA APHIS Permit# P526P-21-07465

## Customer Information

|                      |                      |                            |                          |
|----------------------|----------------------|----------------------------|--------------------------|
| Customer Name        | <input type="text"/> |                            |                          |
| Company/Organization | <input type="text"/> |                            |                          |
| Address 1            | <input type="text"/> |                            |                          |
| Address 2            | <input type="text"/> |                            |                          |
| City                 | <input type="text"/> | State <input type="text"/> | Zip <input type="text"/> |
| Phone                | <input type="text"/> | Fax <input type="text"/>   |                          |
| Email                | <input type="text"/> |                            |                          |
| Special Instructions | <input type="text"/> |                            |                          |

## Billing Information

|                       |                      |                            |                          |
|-----------------------|----------------------|----------------------------|--------------------------|
| Purchase Order Number | <input type="text"/> |                            |                          |
| Company/Organization  | <input type="text"/> |                            |                          |
| Attention             | <input type="text"/> |                            |                          |
| Address 1             | <input type="text"/> |                            |                          |
| Address 2             | <input type="text"/> |                            |                          |
| City                  | <input type="text"/> | State <input type="text"/> | Zip <input type="text"/> |
| Phone                 | <input type="text"/> | Fax <input type="text"/>   |                          |
| Email                 | <input type="text"/> |                            |                          |

## Credit Card Information

|                     |                      |                            |                          |
|---------------------|----------------------|----------------------------|--------------------------|
| Name on Credit Card | <input type="text"/> |                            |                          |
| Credit Card Number  | <input type="text"/> |                            |                          |
| Type                | <input type="text"/> | Expiration Date            | <input type="text"/>     |
| Address 1           | <input type="text"/> |                            |                          |
| Address 2           | <input type="text"/> |                            |                          |
| City                | <input type="text"/> | State <input type="text"/> | Zip <input type="text"/> |
| Phone               | <input type="text"/> |                            |                          |
| Email Receipt To    | <input type="text"/> |                            |                          |

| Organism Types              | Services                                | Rush Levels*                        |
|-----------------------------|---|-------------------------------------|
| Bacteria                    | DNA Sequencing (bacteria, fungi, yeast) | STD 3-Day (DNA, MALDI, Dual ID)     |
| Yeast                       | MALDI-TOF (bacteria, fungi, yeast)      | 2-Day (DNA, MALDI, Dual ID)         |
| Fungi                       | Enumeration (TPC)                       | Next Day (DNA, MALDI, Dual ID,)     |
| Other (explain in Comments) | Dual ID (MALDI + DNA)                   | Same Day (DNA only)                 |
|                             | FullGene Sequencing (bacteria only)     |                                     |
|                             | Other (explain in Comments)             | * Special Rush Request - contact us |

## Shipping Instructions

1. Cultures must have adequate growth. We accept samples that are not pure, as we offer purity streaking. Biolog Lab Services accepts agar plates, slants, broths, powders, capsules, filter plates, DNA extracts, etc.

*NOTE: International Customers must contact Biolog Lab Services prior to shipments for instructions, see Terms and Conditions.*

**PLEASE NOTE: BIOLOG LAB SERVICES CANNOT ACCEPT DIRECT SPECIMENS OF HUMAN OR ANIMAL ORIGIN, BLOOD OR BODILY FLUID, RISK GROUP 3/4 MICROORGANISMS (<https://my.absa.org/Riskgroups>), OR KNOWN OR SUSPECTED SELECT AGENTS (<https://www.selectagents.gov/Selectagentsandtoxinslist.html>)**

2. Label samples with your Customer code.

3. Samples must have primary and secondary containment with absorbent material for liquids.

According to our USDA/APHIS PPQ 526 permit to receive unknown Biological agents:

*Isolates must be in a securely closed, watertight primary container (e.g. test tube or parafilm petri dish).*

*A secondary, durable, watertight container must be used (e.g. Ziploc bag). Multiple primary containers may be placed into a single secondary container. If liquids are being sent, then the space between the primary and secondary containers must have sufficient absorbent material (e.g. paper towels) to absorb the entire contents of the primary container(s). Samples must then be enclosed in an outer shipping container of corrugated fiberboard, corrugated cardboard, or other sturdy container of equivalent strength.*

4. Include a Sample Submission Form (SSF) from our website ([www.biolog.com/labservices](http://www.biolog.com/labservices)) with the samples.

5. Send samples via priority overnight service. If they are Same Day priority samples, Customers must specify an 8:00am EST delivery (e.g. FedEx First Overnight or UPS Early AM) in order to receive results by End of Business (EOB).

6. Send packages to:

**Biolog Lab Services  
225 Corporate Blvd, Suite E,  
Newark, DE 19702  
+1 302 737 4297**

All testing is performed at the Newark, Delaware site.

| #  | Customer Sample Code | Organism Type | Service | Rush Level | Additional Services / Comments |
|----|----------------------|---------------|---------|------------|--------------------------------|
| 1  |                      |               |         |            |                                |
| 2  |                      |               |         |            |                                |
| 3  |                      |               |         |            |                                |
| 4  |                      |               |         |            |                                |
| 5  |                      |               |         |            |                                |
| 6  |                      |               |         |            |                                |
| 7  |                      |               |         |            |                                |
| 8  |                      |               |         |            |                                |
| 9  |                      |               |         |            |                                |
| 10 |                      |               |         |            |                                |
| 11 |                      |               |         |            |                                |
| 12 |                      |               |         |            |                                |
| 13 |                      |               |         |            |                                |
| 14 |                      |               |         |            |                                |
| 15 |                      |               |         |            |                                |
| 16 |                      |               |         |            |                                |
| 17 |                      |               |         |            |                                |
| 18 |                      |               |         |            |                                |
| 19 |                      |               |         |            |                                |
| 20 |                      |               |         |            |                                |
| 21 |                      |               |         |            |                                |
| 22 |                      |               |         |            |                                |
| 23 |                      |               |         |            |                                |
| 24 |                      |               |         |            |                                |
| 25 |                      |               |         |            |                                |

| #  | Customer Sample Code | Organism Type | Service | Rush Level | Additional Services / Comments |
|----|----------------------|---------------|---------|------------|--------------------------------|
| 26 |                      |               |         |            |                                |
| 27 |                      |               |         |            |                                |
| 28 |                      |               |         |            |                                |
| 29 |                      |               |         |            |                                |
| 30 |                      |               |         |            |                                |
| 31 |                      |               |         |            |                                |
| 32 |                      |               |         |            |                                |
| 33 |                      |               |         |            |                                |
| 34 |                      |               |         |            |                                |
| 35 |                      |               |         |            |                                |
| 36 |                      |               |         |            |                                |
| 37 |                      |               |         |            |                                |
| 38 |                      |               |         |            |                                |
| 39 |                      |               |         |            |                                |
| 40 |                      |               |         |            |                                |
| 41 |                      |               |         |            |                                |
| 42 |                      |               |         |            |                                |
| 43 |                      |               |         |            |                                |
| 44 |                      |               |         |            |                                |
| 45 |                      |               |         |            |                                |
| 46 |                      |               |         |            |                                |
| 47 |                      |               |         |            |                                |
| 48 |                      |               |         |            |                                |
| 49 |                      |               |         |            |                                |
| 50 |                      |               |         |            |                                |