# Molecular Typing Submission Form

**Important:** A hard copy of this form must accompany all samples submitted for molecular typing. Please include a copy of your purchase order with your submission.

Company Name: Date:

First and Last Name:

Contact Person: :

Street:

Mailing Address:

Zip:

State:

City:

(If your billing address is different than your mailing address, please indicate in the remarks below.)

Phone

Number: Fax Number:

Email P.O. Number

Email (Required):

Type of service requested: WGS Pulsed Field Gel Electrophoresis (PFGE) Other

Customer Lab ID Number: Genus (include species if known) Gram Stain **+/-**

If your samples cannot be cultured at 35° C on BHI Agar, please specify alternate growth requirements in the remarks below.

Remarks: