

## 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						

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 manipulation?	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:**

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**NCIMB Limited**