

# MIDI Labs Sample Submission Form

Date

## 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"/> |                            |                          |

|    | Customer Sample Code | Organism Type | Primary 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 |                      |               |                 |            |                                |

| Organism Types             | Services                    | Rush Levels |
|----------------------------|-----------------------------|-------------|
| Bacteria                   | Expert ID                   | Std 3-Day   |
| Yeast                      | DNA Sequencing              | 2-Day       |
| Fungi                      | MALDI-TOF                   | Next Day    |
| Other (explain in comment) | FAME ID                     | Weekend     |
|                            | Polyphasic ID               | Same Day    |
|                            | Direct Fatty Acid Analysis  |             |
|                            | Dual 1 (DNA, MALDI)         |             |
|                            | Dual 2 (FAME, MALDI)        |             |
|                            | Total ID (DNA, FAME, MALDI) |             |
|                            | Full Gene Sequencing        |             |
| None (Explain in comment)  |                             |             |