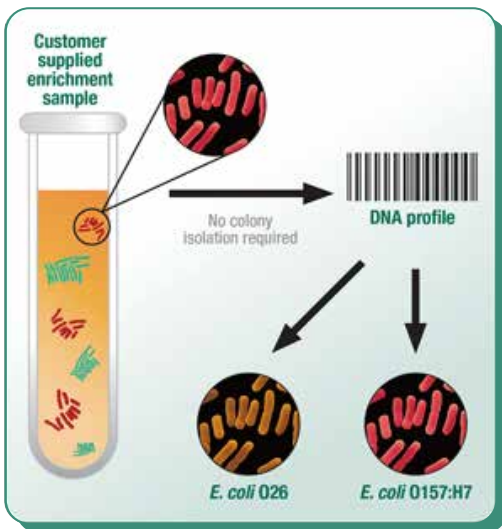


微生物分生鑑定系統 GENESEEK

O26 O45 O103
O111 O121 O145
& O157

STEC E.coli
大腸桿菌基因
分型遞交申請表



To expedite service, please include a copy of your order form with your shipment.

Submit by Email

Print Form

Email to: samples@neogen.com
 402/435-0665 • 402/435-0664 (FAX)
 4665 INNOVATION DRIVE, SUITE 120 • LINCOLN, NE 68521



NeoSEEK™ E. coli STEC GENOTYPING SUBMISSION FORM*

DATE _____
 NAME _____ CONTACT NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____
 EMAIL _____ PHONE _____ FAX _____

TEST CODE: **8000** **Guaranteed 2 business days turnaround.** Preferred Reporting Method: Email Fax
Pricing:** <5 Samples = \$60 per sample; 6–10 Samples = \$50 per sample; >11 Samples = \$35 per sample

SAMPLE INFORMATION		
SAMPLE ID	SAMPLE ID	SAMPLE ID
1	15	29
2	16	30
3	17	31
4	18	32
5	19	33
6	20	34
7	21	35
8	22	36
9	23	37
10	24	38
11	25	39
12	26	40
13	27	
14	28	

How many sheets of samples submitted:
 Page _____ Of _____

**Current ANSR users, contact your sales representative for preferential pricing.

SAMPLE SHIPMENT INSTRUCTIONS	TOTAL SAMPLES SUBMITTED:	TOTAL AMOUNT DUE:
Enriched Broth Culture: 1 mL broth in 1.5 mL Eppendorf tube, capped and parafilm <i>All samples must be shipped on ice. DO NOT FREEZE.</i>		
	Payment must be submitted with your samples. Please make checks payable to GeneSeek, Inc. Purchase order based testing services may be available upon request, please contact GeneSeek at 402/435-0665.	

OFFICE USE ONLY	PAYMENT INFORMATION
Date Received:	Name/Signature: <input type="checkbox"/> Discover
Check Number:	<input type="checkbox"/> Mastercard
Received By:	Credit Card Number: <input type="checkbox"/> Visa
Amount:	Exp. Date:
Order Number:	3-Digit Security Code:

*Testing services are provided under the attached Terms and Conditions. AG012-0812