

 DEIBEL <small>LABORATORIES</small>	Sent from:		Sent to:
	Company:		
	Address:		
	City, State, Zip		
	Phone		
	Fax		

LIMS CODE:			Service Calls:	Voicemail	Must reach live person	CHECK ALL THAT APPLY RESULTS ARE TO BE FAXED RESULTS ARE TO BE E-MAILED RESULTS ARE TO BE MAILED	YES	NO	
DATE SUBMITTED:			Presumptive Pathogens	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P.O. #:			Out of specification Results	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEIBEL CONTACT:			Other requests (please specify):	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Primary contact/Email		Secondary contact/Email		Tertiary Contact/Email	
------------------------------	--	--------------------------------	--	-------------------------------	--

Sample Description	Sample Matrix	Test						Special Handling Request
		Method						
		Specification						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

LABORATORY USE ONLY			
Frozen <input type="checkbox"/>	Refrigerated <input type="checkbox"/>	Hot <input type="checkbox"/>	Ambient <input type="checkbox"/>
Received By / Date:		Receiving TEMP:	
SYSTEMS OF EXCELLENCE Trade Secret and Confidential			