



DEIBEL
LABORATORIES

Sent from:
Company:
Address:
City, State, Zip
Phone
Fax

Sent to:

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

Primary contact/Email		Secondary contact/Email		Tertiary Contact/Email	
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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"/>	
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		<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
 Refrigerated
 Hot
 Ambient
 0 [°C]
 0 [°F]
 Poor
 Delayed in Shipping

Received By / Date:		Receiving TEMP:	
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