

To be completed at Charles River

LTM Order Number: \_\_\_\_\_

Date Received: \_\_\_\_\_



### Microbiology Submission Form

Use this form for standard microbiological testing. For microbiome culture submissions, please use the [Microbiome Culture Submission Form](#).

LTM Customer ID#\* \_\_\_\_\_

New customers, write NEW in this field. Existing customers can find their LTM customer ID# in the header of result reports from previous submissions. Need help? Contact [LabServices@crl.com](mailto:LabServices@crl.com).

Customer Information \* = required

Bill To Information  Same as Customer

Payment information required at the time of submission.

Institution\* \_\_\_\_\_

Institution\* \_\_\_\_\_

Pay by PO

Address 1\* \_\_\_\_\_

Address 1\* \_\_\_\_\_

PO # \_\_\_\_\_

Address 2 \_\_\_\_\_

Address 2 \_\_\_\_\_

Pay by Credit Card (CC)

City\* \_\_\_\_\_

City\* \_\_\_\_\_

Contact \_\_\_\_\_

State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_

State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_

Phone \_\_\_\_\_

Contact\* \_\_\_\_\_

Contact\* \_\_\_\_\_

To pay with a CC on file, indicate the last four (4) digits and expiration date. For CC security, do not write the full CC number.

Phone\* \_\_\_\_\_

Phone\* \_\_\_\_\_

CC Last 4 Digits \_\_\_\_\_

Email\* \_\_\_\_\_

Email\* \_\_\_\_\_

CC Exp Date \_\_\_\_\_

### Sample Information

To the best of my knowledge these samples and/or specimens do not contain any infectious agent or material which might pose a threat to human health. If this is not the case, please call Charles River before sending samples.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Please use one form per sample type.

Total Number of Samples: \_\_\_\_\_ Species (if applicable): \_\_\_\_\_ Ship Date: \_\_\_\_\_

Sample Number	Sample ID	Quantity of Samples	Sample Type	Service Requested
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

PLEASE NOTE: If you generate summarized health reports from LTM, orders must be created directly in LTM for your samples to be associated with specific colonies. If you have questions or need help getting started, please contact [LTM@crl.com](mailto:LTM@crl.com).

Notes: \_\_\_\_\_

## Shipping Instructions

Questions? [LabServices@crl.com](mailto:LabServices@crl.com) [www.criver.com/info/dx](http://www.criver.com/info/dx)

### **Sample Specifications:**

Samples should be shipped overnight on cold packs. Do not freeze. Please use appropriate shipping materials and never use glass containers.

### **Sample Submission:**

Place a copy of page 1 of this form in the appropriate shipping container with your samples. Please ship following International Air Transport Association (IATA) guidelines; visit [www.criver.com/shippingmaterials](http://www.criver.com/shippingmaterials) to request free sample collection and shipping materials online.

Submit your samples to Charles River:

**Charles River  
RADS  
Microbiology Lab  
261 Ballardvale Street  
Wilmington, MA 01887  
USA**

**Charles River  
RADS  
327 impasse du Domaine Rozier  
Domaine des Oncins  
69210 SAINT GERMAIN NUELLES  
FRANCE**