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| **TEST CODE UMAAZ - ADDITIONAL INFORMATION FOR LAB.**  **(Please fill in, print out and submit together with plates or samples)** | |
| **DATE:** | |
| **CLIENTNUMBER:** | **NAME:** |
| **LIMS number:** | **SAMPLE MARKING:** |
| **PLATES** | **MEDIA:** |
| **INCUBATION TEMPERATURE (°C):** |
| **ATMOSPHERE:**  **AEROBIC**  **ANAEROBIC**  **MICROAEROPHIL** |
| **SOURCE (type of product):** |
| **Please identify:**  **DOMINANT FLORA  MAX. Number of colonies:**  **MARKED COLONIES ONLY** |
| **PRODUCT**  **TYPE OF PRODUCT:** | **IDENTIFICATION SHOULD BE MADE FROM:**  **ALL TESTS**  **ONLY TEST CODE(s):**  **MAX Number of colonies** |
| **PLEASE CONTACT US BEFORE YOU START IDENTIFICATION: CONTACT NAME:**  **E-MAIL:**  **PHONE NUMBER:** | |
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