

Microbiology Supply Request

Existing Client	New Client Please contact DispatchGroup@PrimusLabs.com to confirm account setup							
Company Information								
Company name:								
Contact name:								
Phone number:				Fax n	Fax number:			
Email address:				Date	Date of request:			
Shipment Informa	ation							
Street Address:								
City:			State:				Zip Code:	
Preferred Delivery (FedEx): Note: Not all options may be available for all addresses. Please confirm with FedEx								
First Overnight*		Priority Overnight	Standard Overnight FedEx 2 Days		Ex 2 Days		Ground	
Supplies needed by	y:							
Special instructions	S:							
*Discounted rates not avail	ilable							
Supplies Requested								
Sponges		Swabs	Water Bottles		Water Bags		Other	
Other (Please Spec	cify):							
Return Label: If you would like an overnight return label included, please fill out the following inform							ing information	
Samples will be sent to the following lab:		Santa María, CA*	Salinas, CA		Yuma, AZ		Lakeland, FL	
*For residue samples, please contact DispatchGroup@PrimusLabs for additional information. **Samples will be returned Priority Overnight. If planning to ship on Friday, please select Saturday Delivery							Satu	ırday delivery?

ADDITIONAL INFORMATION:

- Please email requests to SupplyRequest@PrimusLabs.com
- Requests for overnight shipments must be received before 3:00pm to guarantee overnight delivery.
- Upon receipt, sponges and swabs should be stored in a refrigerator to maintain the temperature guidelines of 2°C to 8°C (or 35°F to 46°F).
- When shipping samples back, please use blue i ce that has been frozen for a minimum of 24 hours to ensure environmental samples are below 10°C and produce is below 20°C (frozen produce must be below 0°C).