



MU – OU : CRC

Faculty of Science Mahidol University

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Requisition Form For Bacterial Identification

Date :

Customer's Name : Signature :

.....

Status : Student ID..... Staff

Address :

.....
.....
.....
.....

Phone No : Mobile phone :

.....

Fax No :E-mail Address :

.....

Billing Name :

.....
.....

Billing Address :

.....
.....
.....

Information About Your Sample

Sample Name	Source of Isolates	Type of Culture Media	Culture Condition	Possible pathogenic strain?	
				Yes	No
				<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>

Comments:

.....
.....

Approved By :

Signature :

Position :

Tel :

(All students, please get endorsed signature from your adviser)

Receiver : **Signature :**

.....

Date of Samples Receive :

.....

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(Download all the forms at <http://intranet.sc.mahidol/PR/mu-ou.htm>)

For Official Use Only

Form No :

...../.....

Analysis Complete On : **Results Submitted On :**

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