

# Customized Products Request Form

Contact details	
Company	
Address	
Contact person	
Job title	
Email	
Phone	

Culture medium																					
Expected delivery	Month/Year: _____ / _____																				
Expected shelf life	_____																				
Storage temperature	_____																				
Composition	<table border="1"> <thead> <tr> <th>Ingredient</th> <th>Quantity/l</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Ingredient	Quantity/l																		
	Ingredient	Quantity/l																			

Culture medium (Plated media)	
Petri dish size	<input type="checkbox"/> 55mm (Contact) <input type="checkbox"/> 90mm (Settle) <input type="checkbox"/> Other: _____
Filling volume	<input type="checkbox"/> 18ml <input type="checkbox"/> 30ml <input type="checkbox"/> Other: _____
Gamma-irradiated Triple wrapped	<input type="checkbox"/> Yes <input type="checkbox"/> No
Plates per batch	_____
Plates per year	_____

# Customized Products Request Form

Culture medium (Bottled media)	
<b>Bottle size</b>	<input type="checkbox"/> 100ml <input type="checkbox"/> 200ml <input type="checkbox"/> 500ml <input type="checkbox"/> 1000ml <input type="checkbox"/> Other: _____
<b>Type of bottle</b>	<input type="checkbox"/> Screw cap <input type="checkbox"/> Infusion <input type="checkbox"/> Other: _____
<b>Filling volume</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Screw cap colour</b>	<input type="checkbox"/> Red <input type="checkbox"/> Green <input type="checkbox"/> Blue
<b>Flip cap colour</b>	<input type="checkbox"/> Red <input type="checkbox"/> Green <input type="checkbox"/> Blue <input type="checkbox"/> White <input type="checkbox"/> Yellow
<b>Bottles per batch</b>	_____
<b>Bottles per year</b>	_____

Media Fill	
<b>Format description</b>	

Quality control																					
<b>Composition</b>	<table border="1"> <thead> <tr> <th>Genus and species</th> <th>Collection number</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Genus and species	Collection number																		
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<b>Additional tests</b>																					

\_\_\_\_\_  
Date / Signature

