REPORT TO: Name: Company: Address: email: Phone: Fax: Project Manager: Project Name: Project No.:						INVOI Name: Compa Addres email: Phone: Fax: Purcha Subcor MI Quo	ny: s: se Orde ntract N	er No		voices	s paid b	oy a th	particular p	it it	is imp	erative	e that	all info	rmati	on be	provide			1051 Knox 865- www	15 Re xville, 573-8 v.micr	TN 37 3188 robe.co	7932 om	o foll	ow	sigl	ht	S	
EDD type:	☐ Standard (default) ☐ Microbial Insights Standard questions about the analy	andard (def		☐ All o	other a	availab	le EDI	Os (5	5% s	urcha	arge)	Spe	cify	EDD	Тур	oe:	servic					/e In	terpi	retiv	e(159	%)	□н	stori	cal I	nterp	retiv	'e (30)%)
	Analyses					CEI	CENSUS: Please select the target organism/gene																										
MI ID (Laboratory Use Only)	Sample Name	Date Sampled	Time Sampled	Matrix	PLFA	DGGE+3ID	DGGE+5ID	DuantArray Chlor	DuantArray Petro	OHC (Dehalococcoides)	DHC Functional genes bvc, tce, vcr)	DHBt (Dehalobacter)	DSM (Desulfuromonas)	DSB (Desulfitobacterium)	EBAC (Total)	SRB Sulfate Reducing Bacteria-APS)	MGN (Methanogens)	MOB (Methanotrophs)	SMMO	DNF (Dentrifiers-nirS and nirK)	AOB ammonia oxidizing bacteria)	PM1 (MTBE aerobic)	RMO (Toluene Monooxygenase)	RDEG (Toluene Monooxygenase)	PHE (Phenol Hydroxylase)	NAH (Napthalene-aerobic)	BSSA Toluene/Xylene-Anaerobic)	add. qPCR:	add. qPCR:	RNA Expression Option)*	Other:	Other:	Other:
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