REPORT TO: Name: Company: Address:		INVOICE TO: (For Invoices paid by a third party it is imperative that all information be prov  Name:  Company:  Address:									provid	ded)		105	15 Re	eseard	ch Dr		alii	ns	sig	ηh	ts									
email: Phone: Fax:		email: Phone: Fax:																		865-	-573-	, TN 3 8188 robe.c										
Project Manager: Project Name: Project No.:		•	Purcha Subcor	ntract N													Please Check One:  ☐ More samples to follow ☐ No Additional Samples															
Report Type: EDD type: Please contact us wit	☐ Standard (default) ☐ Microbial Insights St th any questions about the anal	andard (def	•	☐ All o	other a	vailable	e EDD		surcha	rge)		Spe	cify	EDD	Тур	e:				e Inte		•	15%)	)		Histo	rical	Interp	oretiv	re (3	5%)	
	Analyses					CENSUS: Please select the target organism/gene																										
<b>MI ID</b> (Laboratory Use Only)	Sample Name	Date Sampled	Time Sampled	Matrix	PLFA	QuantArray-MIC	Next Generation Sequencing		Total Bacteria (EBAC)	Total Archaeal (ARC)	Sulfate Reducing Bacteria (APS)	Sulfate Reducing Archaea (SRA)	Methanogens (MGN)	Acetogens (AGN)	Denitrifiers (DNF-nirS and nirK)	Archaeoglobus spp. (ARG)	Fermenters (FER)	Iron Oxidizing Bacteria (FeOB)	Manganese Oxidizing Bacteria (MnOB)	Sulfur Oxidizing Bacteria (SOB)	Geobacter (GEO)	Shewanella (SHW)	Nitrogen Fixing Bacteria (NIF)	Exopolysaccaride Production (BCE)	Ammonia Oxidizing Bacteria (AOB)	Deinococcus (DCS)	Meiothermus (MTS)	add. qPCR:		Other:	Other:	Other:
																													П			
															4	4	4	4						-		_	┡	igdash	Н	-		
								+	╂						$\dashv$	$\dashv$	$\dashv$	-	_							$\vdash$	┢	$\vdash$	H		-	
															+	$\dashv$	$\dashv$							H			H	H	H		$\neg$	
									1							1	7											Н	H			
								+	-						$\dashv$	$\dashv$	$\dashv$	4						-			$\vdash$	$\square$	ightarrow			
Relinguished by:						D.	ceived	h						Date													匚	Ш	Ц			