

### Custom Solutions Request Form

Microbiologics offers Custom Solutions to laboratories in need of preserving environmental isolates. Because every laboratory has a unique need and volume requirement, please complete the information below. This will help us evaluate your request and determine our ability to meet your needs. Completed forms can be faxed to 320.253.6250 or emailed to [custom@microbiologics.com](mailto:custom@microbiologics.com).

Your Custom Solutions product will be produced in accordance with the information you provide below. Microbiologics does not perform validations or shelf life testing for Custom Solutions products; this allows us to provide you with product in a shorter timeframe.

Print microorganism name as you want it to appear for labeling purposes.	Item number to be used for ordering. If not indicated, Microbiologics will assign.	Passage # of culture being submitted. If left blank, passage 0 will be assumed.

Microbiologics can only accept BSL 1 and BSL 2 organisms at this time. Please initial this box to confirm the organism(s) you wish to submit are BSL 1 or 2:	
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If you are familiar with our retail products and would like your strain put into one of our existing formats, please indicate below.

<input type="checkbox"/> LYFO DISK™ Vial	<input type="checkbox"/> EZ-Hydro Shot™	<input type="checkbox"/> EZ-CFU™	<input type="checkbox"/> KWIK-STIK™ 2 Pack
<input type="checkbox"/> EZ-CFU™ One Step	<input type="checkbox"/> EZ-Accu Shot™	<input type="checkbox"/> EZ-PEC™	<input type="checkbox"/> Epower™ Desired concentration

If you are unfamiliar with our retail formats, or require a format that we do not currently offer, please complete below information. We'll let you know what format will meet your needs, or customize a format just for you.

Pellet matrix: <input type="checkbox"/> KWIK Dissolve	<input type="checkbox"/> Charcoal/gelatin matrix (may require incubation to dissolve pellet)
Concentration required (select one): <input type="checkbox"/>	CFU per pellet -OR- <input type="checkbox"/> CFU per ml, packaged with hydrating fluid.

Is the specific application for this microorganism preparation for quality control?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If yes, please list the medium, incubation time, temperature and atmosphere strain(s) will be used with. Please provide as much detail as possible.

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If the application is not quality control, please specify the intended use:

How often will the microorganism preparation be used?				Specify the number of times per
<input type="checkbox"/> Day	<input type="checkbox"/> Week	<input type="checkbox"/> Month	<input type="checkbox"/> Year	<input type="checkbox"/> Other (specify)

How often do you plan on re-ordering this strain?

What is the anticipated timeline of your project?

**Custom Solutions Terms**

Customer's specific strains have not been obtained, nor have they been delivered, produced or manufactured from biological materials originally obtained from the American Type Culture Collection ("ATCC").

-OR-

Customer's specific strains originated from biological materials obtained from ATCC and customer has obtained a written commercial use license ("License Agreement") from ATCC that authorizes it to engage a Third Party for contract manufacturing services.

I, , agree to the Custom Solutions terms as indicated above.

<b>Provide Contact Information</b>	Contact Person:
Job Title:	Facility:
Address:	
Address 2:	City:
State/Province:	Postal/ZIP Code:
Country:	Telephone #:
Fax #:	Email:



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