Service Request Form

Center for Microbial Identification & Taxonomy
770 Van Vleet Oval
Norman, OK 73019
Phone: 405-325-4426
Fax: 405-325-7619
E-mail: CMIT@ou.edu

Customer Information

Name/Company/Organization: _____ Phone: _____

Address: Fax: _____

E-mail: _____

_____

Invoice Address

Name/Company/Organization: _____ Phone: _____

Address: Fax: _____

E-mail: _____

_____

Strain Data

No.	Designation of Isolate:	Colony & Cell Morphology + Gram Reaction
Strain 1		
Strain 2		
Strain 3		
Strain 4		

Cultivation of Strain(s)

	Strain 1	Strain 2	Strain 3	Strain 4
Medium				
Incubation temperature	°C	°C	°C	°C
Incubation time				
Oxygen relationships	☐ aerobic ☐ microaerophilic ☐ obligate anaerobic	☐ aerobic ☐ microaerophilic ☐ obligate anaerobic	☐ aerobic ☐ microaerophilic ☐ obligate anaerobic	☐ aerobic ☐ microaerophilic ☐ obligate anaerobic
Additional Information				

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Strain Genetic Data

No.	Nearest cultivated BLAST neighbour or taxonomic group based on the 16S rRNA gene sequence	Percent similarity and number of base pairs used
Strain 1		
Strain 2		
Strain 3		
Strain 4		

Services Requested (please select)	Strain 1	Strain 2	Strain 3	Strain 4
Production of biomass for the special procedures (**)	☐	☐	☐	☐
Analysis of the cellular fatty acid composition *	☐	☐	☐	☐
Analysis of polar lipids (*/**)	☐	☐	☐	☐
Analysis of DAP (2,6-diaminopimelic acid)	☐	☐	☐	☐
Analysis of cell wall sugars	☐	☐	☐	☐
Partial 16S rDNA sequence analysis	☐	☐	☐	☐
Complete 16S rDNA sequence analysis	☐	☐	☐	☐
Full phylogenetic study by complete 16s rDNA sequence analysis	☐	☐	☐	☐

Additional information

If available, please provide the 16S sequence of the isolate(s) to be analyzed.

Also, include special cultivation notes or recipes for specialized media.