



CICC Identification Form

Customer Info					
Name/Company/Organization				E-mail	
Address				Postcode	
Contact Person	(Signature)			Phone	
Strain Data					
Sample Name				Date/Lot No.	
Cultivate conditions	Medium				
	Temp.		Time		Oxygen relationships
Description	Source of Isolation			Biosafety level	
Storage conditions	<input type="checkbox"/> Room Temp. <input type="checkbox"/> 2°C-8°C <input type="checkbox"/> Frozen <input type="checkbox"/> Others				
Other Requirements					
<input type="checkbox"/> Customer provide procedures/standards <input type="checkbox"/> CICC provide procedures/standards					
Sample					
1、					
2、					
3、					
4、					
5、					
6、					
7、					
8、					
Report & Delivery					
Delivery	<input type="checkbox"/> EMS <input type="checkbox"/> Others			Confidentiality	

Date	<input type="checkbox"/> Normal <input type="checkbox"/> Urgent (additional fee) _____ days	<input type="checkbox"/> Y <input type="checkbox"/> N
To be completed by CICC		
No.		Identification Fee (USD)
Remark		
Assignee: (D/M/Y)	Approved by: (D/M/Y)	

*please note CICC only accepts BSL-1 and BSL-2 strains.