

840 Research Parkway, Ste 546 Oklahoma City, OK 73104

## **Growth Promotion Sample Submission Form**

Office Use Only: Date Received:	
Date Neceiveu.	
ARL#:	

(One form per formulation, lot number and growth medium)

Reporting Information*: Client ID:	PO #:	
Company:	Phone: Fax:	
Address:	Contact:	
City: State: Zip:	Email:	
*Changes to client information should be submitted via our "Billing/Change of Information" Form. Sign up to view results on the web at www.arlokapps.com		
Sample Information: Unchecked is non-cGMP. A quote and quality agreement	Additional charges may apply for cGMP. For cGMP services, please contact ARL for a nent.	
Lot Number		
Sample Description		
Total containers:		
Storage Conditions: Room Temperature Refr	rigerated Frozen	
Testing Conditions: Pool Together Nun	mber of Replicates:	
Testing Information:		
Media Type (choose one):		
TSB (Tryptic Soy Broth)	TSA (Tryptic Soy Agar)	
FTG/FTM (Fluid Thyioglycollate Medium)	SDA (Sabouraud Dextrose Agar)	
Other		
Organism Testing Details:		
	ation Temperature Incubation Time 0°C - 25°C 30°C - 35°C	
S. aureus	hours / days (circle one)	
P. aeruginosa	hours / days (circle one)	
B. subtilis	hours / days (circle one)	
C. albicans	hours / days (circle one)	
A. brasiliensis	hours / days (circle one)	
C. sporogenes	hours / days (circle one)	
Other:	hours / days (circle one)	
Comments/Special Instructions:		

Your submission of this form to ARL certifies that: (1) all information provided on this form is true and correct; (2) you have reviewed the Terms and Conditions located at http://www.arlok.com/arl-forms; (3) you agree to be bound by the Terms and Conditions; and (4) if you are submitting this form on behalf of a company or other entity, you have the authority to bind that company or entity to the Terms and Conditions.