



## Requesting address for results

Organisation: .....  
Contact name: .....  
Tel: .....  
Fax: .....  
E-mail: .....  
Address: .....  
Country: .....  
SSI (results) customer number: .....

## Billing address

Organisation: .....  
Contact name: .....  
Tel: .....  
Fax: .....  
E-mail: .....  
Address: .....  
Country: .....  
VAT no. (EU- countries): .....  
SSI (billing) customer number: .....

### Test: Mycobacteria environmental specimen (Test code: 177)

One requisition form per specimen

#### Sample material:

- Swab from (specify): .....  
 Water from (specify): .....

Unique sample ID and date: .....

Relevant additional information: .....  
.....  
.....  
.....  
.....  
.....

Please send this form together with the sample to:  
Statens Serum Institut  
Prøvecentralen  
5 Artillerivej  
2300 Copenhagen S  
DENMARK

Full payment is required by wire transfer: Remember to include the sample ID.  
When ordering an analysis at SSI, you confirm that you agree to the terms set forth in our "General conditions of sales, delivery and service" as found on our webpage.