

# MICROBIOLOGY LABORATORY

[Laboratory Address Line 1]  
[City, State, Zip]  
Phone: (555) 000-0000

## INVOICE

Invoice #: \_\_\_\_\_  
Date: \_\_\_\_\_

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### CLIENT INFORMATION

[Client Name]  
[Company Name]  
[Address]  
[Email/Phone]

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### PROJECT REFERENCE

Project ID: \_\_\_\_\_  
Sample Batch: \_\_\_\_\_  
PO Number: \_\_\_\_\_

Sample ID / Description	Test Type (Culture/PCR/Stain)	Qty	Unit Price	Amount

Subtotal: \$0.00  
Tax/Handling: \$0.00  
TOTAL DUE: \$0.00

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**Terms:** Payment due within 30 days. Please make checks payable to "Microbiology Laboratory".

**Notes:** All samples processed according to Standard Operating Procedures and ISO accreditation guidelines.