|  |  |  |  |
| --- | --- | --- | --- |
| Company Name |  | Contact person |  |
| Address |  | Email |  |
| Order Name |  | Phone |  |

Sample details:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date taken |  | | No. Samples |  | Operator |  |
| Sample description | |  | | | | |

**MICROBIOLOGY**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sample name  (label bottles the same) |  |  |  |  |  |  |
| Time taken |  |  |  |  |  |

Testing required: (Please tick)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Test \ Lab Code** |  |  |  |  |  |
| Counting of Bacterial Colonies at 36 ˚C |  |  |  |  |  |
| Counting of Bacterial Colonies at 22 ˚C |  |  |  |  |  |
| Counting of Yeast and Molds |  |  |  |  |  |

Additional notes:

Form filled by:

Date of compilation: