|  |  |  |  |
| --- | --- | --- | --- |
| 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: