



ANALYSIS REQUEST FORM

FOOD | WATER | PHARMA | STERILITY | COSMETIC

Project Name: _____

Report Results To: _____

Company/Address: _____

Phone #: _____ Fax #: _____

Sample ID#: _____ (For Micro Staff Use Only)

ANALYSIS REQUESTED (CHECK AS NEEDED)

SAMPLE TYPE & COLLECTION LOCATION	<u>SAMPLING INFORMATION</u>			Microbial Limits Test-TAMC, TYMC, Sa, Pa (Topical)	Microbial Limits Test-TAMC, TYMC, Sa, Pa, E.coli, Salmonella (Oral)	AET/Challenge Test	Suitability of Counting Method/Inhibitor (Required for new products)	Environmental Surface Swabs	Testing of Pharmaceutical Water	Testing of Environmental Water	Sterility Testing	ASSIGNED LAB ID# <i>(FOR LAB USE ONLY)</i>
	Lot #	Date	Time									

SPECIAL INSTRUCTIONS:

MicroBio LLC is responsible to test **ONLY** testing parameters marked as requested.

TURNAROUND REQUIREMENTS

___ RUSH (surcharges apply)

___ STANDARD

Requested Date: _____

Requested Report Date: _____

*** SAMPLE TYPE CODE**

W-Water

ESw-Environmental Swab

EA-Environmental Air

NOTES	PO#, Check#, Credit Card#

<p>Relinquished By:</p> <p>Signature: _____</p> <p>Printed Name: _____</p> <p>Company: _____</p> <p>Date/Time: _____</p>	<p>Received By:</p> <p>Signature: _____</p> <p>Printed Name: _____</p> <p>Date/Time received: _____</p>
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