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Document Title

Test Request Submission

Standard	Effective Date:	Pages
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Microbiology Sample Submission Form

Company Name:	Submission Date:	Purchase Order No.:
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Test Reports Provided To (Contact Name/Email):

Spl No.	(Lab Use Only)	Sample Description	Sample Batch/Lot#	Comments/Other Tests
	Lab ID#			
1				
2				
3				
4				
5				
6				
7				

INDICATE (X) IN THE TABLE BELOW THE TEST(S) REQUIRED FOR EACH NUMBERED SAMPLE

Spl No.	USP <61>		Enrichment	Gram Stain	USP<60>; USP <62> Pathogens						
	TPC (Total Plate Count) and Yeast & Mold				Bile-Tolerant Gram-Negative Bacteria	<i>B. cepacia</i>	<i>E. coli</i>	<i>Salmonella</i>	<i>S. aureus</i>	<i>P. aeruginosa</i>	<i>C. albicans</i>
	TPC/g or mL	Yeast & Mold/g or mL									
1											
2											
3											
4											
5											
6											
7											

Client Approval: _____
 Print Name, Signature, Position

Lab Use Only		
Verified By:	Date:	Shared Sample: <input type="checkbox"/> Yes <input type="checkbox"/> No
Sample Condition: <input type="checkbox"/> Good <input type="checkbox"/> Not Good – If not good, explain:		