



1755 Victory Blvd. Glendale, CA 91201

Tel: 818.547.3221 Email: acculab@accubclabs.com www.accubclabs.com

Document Title

Test Request Submission

Standard

Effective Date:

Pages

ISO 17025

2/22/2017

Page 1 of 1

Microbiology Sample Submission Form

Company Name:

Submission Date:

Purchase Order No.:

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 the test(s) required for each numbered sample in the table below

Spl No.	USP <61>: TPC (Total Plate Count) and Yeast & Mold		Enrichment	Gram Stain	Coliforms	USP <62>: 4 Pathogens (<i>E. coli</i> , <i>Salmonella</i> , <i>S. aureus</i> , and <i>P. aeruginosa</i>)			
	TPC/g or mL	Yeast & Mold/g or mL				<i>E. coli</i>	<i>Salmonella</i>	<i>S. aureus</i>	<i>P. aeruginosa</i>
1									
2									
3									
4									
5									
6									
7									

Client Approval: _____

Print Name, Signature, Position

Lab Use Only

Verified By:

Date:

Shared Sample: Yes No

Sample Condition: Good Not Good – If not good, explain:

Document Information

File Name and Version: LF-440-02 Test Request Submission – Microbiology v.01

Status: Approved by NAME