

SWAB & SPONGE

SAMPLING / ANALYSIS REQUEST FORM

Total Number of Samples (Include pgs. 1 and 2 of this form): _____

Bill to Customer: _____

Requested by: _____ **Ph.#** _____

Contact Name: _____ **Ph.#** _____

Today's Date: _____ **Time:** _____

RESULTS WILL BE SENT TO CURRENT DISTRIBUTION LIST
 (Unless otherwise indicated below)

Please send result to e-mail(s) listed below in ADDITION to current "Bill to Customer" Distribution List

Please send results ONLY to e-mail(s) listed below (E-mail indicated must be on current Distribution List)

E-mail Results to: _____

Microbiological Analysis:

Generic *E. coli* (Petrifilm) Fecal Coliform (Petrifilm)

Total Plate Count (Petrifilm) Total Coliform - TC (Petrifilm)

E. coli O157:H7 *E. coli* O157:H7 (Pooled)*

Listeria *Listeria* (Pooled)*

L. mono (*Listera monocytogenes*) *L. mono* (Pooled)*

Salmonella *Salmonella* (Pooled)*

STEC STEC (Pooled)*

S. aureus Yeast Mold

9 Tube MPN Method (Additional charges may apply)*

Generic *E. coli* Total Coliform

Fecal Coliform

*Please consult with a microbiologist on this selection

PrimusLabs' representation of the results of laboratory analyses is limited to the analyzed samples only. PrimusLabs makes no representations of warranties about other portions of these commodities/lots.

PrimusLabs' liability is limited to the cost of the laboratory tests. See also www.primuslabs.com for additional information.

Sampled by: _____

Pesticide / Residue Analysis:

RUSH (Additional charges may apply)

Multi-Residue Screen (MRS) MRS4

MRS - Extended MRS + ON's

MRS + Dithios MRS - MB

USDA NOP Long Form

List LDL Requirements, Other Country's MRLs: _____

Sample Description: Swab Sponge Food Contact Non-Food Contact Auth.# (For PrimusLabs Use Only)

Areas Sampled: _____ Sample Date: _____

City / State: _____ Sample Time: _____

Additional Information / Analysis: _____

Sample Description: Swab Sponge Food Contact Non-Food Contact Auth.# (For PrimusLabs Use Only)

Areas Sampled: _____ Sample Date: _____

City / State: _____ Sample Time: _____

Additional Information / Analysis: _____

Additional Samples - Continue to Page 2

For PrimusLabs Use Only	Relinquished By:	Date:	Time:	Lab Doing Testing
Received By:	Temp (C°):			SM SAL AZ FL MX

Bill to Customer:	Contact Name:	Ph.#
Today's Date:	Time:	Requested by:
		Ph.#

Sample Description:	<input type="checkbox"/> Swab	<input type="checkbox"/> Sponge	<input type="checkbox"/> Food Contact	<input type="checkbox"/> Non-Food Contact	Auth.# (For PrimusLabs Use Only)
Areas Sampled:				Sample Date:	
	City / State:			Sample Time:	
Additional Information / Analysis:					

Sample Description:	<input type="checkbox"/> Swab	<input type="checkbox"/> Sponge	<input type="checkbox"/> Food Contact	<input type="checkbox"/> Non-Food Contact	Auth.# (For PrimusLabs Use Only)
Areas Sampled:				Sample Date:	
	City / State:			Sample Time:	
Additional Information / Analysis:					

Sample Description:	<input type="checkbox"/> Swab	<input type="checkbox"/> Sponge	<input type="checkbox"/> Food Contact	<input type="checkbox"/> Non-Food Contact	Auth.# (For PrimusLabs Use Only)
Areas Sampled:				Sample Date:	
	City / State:			Sample Time:	
Additional Information / Analysis:					

Sample Description:	<input type="checkbox"/> Swab	<input type="checkbox"/> Sponge	<input type="checkbox"/> Food Contact	<input type="checkbox"/> Non-Food Contact	Auth.# (For PrimusLabs Use Only)
Areas Sampled:				Sample Date:	
	City / State:			Sample Time:	
Additional Information / Analysis:					

Sample Description:	<input type="checkbox"/> Swab	<input type="checkbox"/> Sponge	<input type="checkbox"/> Food Contact	<input type="checkbox"/> Non-Food Contact	Auth.# (For PrimusLabs Use Only)
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