

PRODUCT

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: _____

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.

Microbiological Analysis:

<input type="checkbox"/> Generic <i>E. coli</i> (Petrifilm)	<input type="checkbox"/> <i>E. coli</i> Simplate (24 hr Analysis)*
<input type="checkbox"/> Total Coliform - TC (Petrifilm)	<input type="checkbox"/> TC Simplate (24 hr Analysis)*
<input type="checkbox"/> Total Plate Count (Petrifilm)	<input type="checkbox"/> TPC Simplate (24 hr Analysis)*
<input type="checkbox"/> Fecal Coliform (Petrifilm)	
<input type="checkbox"/> <i>E. coli</i> O157:H7	<input type="checkbox"/> <i>E. coli</i> O157:H7 (Pooled)*
<input type="checkbox"/> <i>Listeria</i>	<input type="checkbox"/> <i>Listeria</i> (Pooled)*
<input type="checkbox"/> <i>L. mono</i> (<i>Listera monocytogenes</i>)	<input type="checkbox"/> <i>L. mono</i> (Pooled)*
<input type="checkbox"/> <i>Salmonella</i>	<input type="checkbox"/> <i>Salmonella</i> (Pooled)*
<input type="checkbox"/> STEC	<input type="checkbox"/> STEC (Pooled)*
<input type="checkbox"/> <i>S. aureus</i> (Petrifilm)	
<input type="checkbox"/> Yeast (FDA / BAM)	<input type="checkbox"/> Mold (FDA / BAM)
<input type="checkbox"/> Yeast (Rapid Petrifilm)	<input type="checkbox"/> Mold (Rapid Petrifilm)

9 Tube MPN Method (Additional charges may apply)

Generic *E. coli* Total Coliform

Fecal Coliform

* Please consult with a microbiologist on this selection

Sampled by: _____

Pesticide / Residue Analysis:

RUSH (Additional charges may apply)

<input type="checkbox"/> Multi-Residue Screen (MRS)	<input type="checkbox"/> MRS4
<input type="checkbox"/> MRS - Extended	<input type="checkbox"/> MRS + ON's
<input type="checkbox"/> MRS + Dithios	<input type="checkbox"/> MRS - MB
<input type="checkbox"/> USDA NOP	<input type="checkbox"/> Long Form

List LDL Requirements, Other Country's MRLs: _____

Sample Description: Field Facility: Raw Product Finished Product Auth.# (For PrimusLabs Use Only) _____

Grower: _____

Product / Other: _____

Ranch: _____ Lot / Plot / Block: _____

Acres: _____ Beds: _____ Sample Date: _____ Time: _____

P.O. #: _____ City & State: _____

Additional Information / Analysis: _____

Request Date(s) for **Sample to be taken by PrimusLabs** Samplers (Please enter location above):
 From: _____ / _____ To: _____ / _____

Additional Samples - Continue to Page 2

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

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

Sample Description:	<input type="checkbox"/> Field	Facility:	<input type="checkbox"/> Raw Product	<input type="checkbox"/> Finished Product	Auth.# (For PrimusLabs Use Only)
Grower:					
Product / Other:					
Ranch:			Lot / Plot / Block:		
Acres:		Beds:		Sample Date:	
				Time:	
P.O. #:		City & State:			
Additional Information / Analysis:				Request Date(s) for Sample to be taken by	
				PrimusLabs Samplers (Please enter location above):	
				From: ____ / ____ To: ____ / ____	

Sample Description:	<input type="checkbox"/> Field	Facility:	<input type="checkbox"/> Raw Product	<input type="checkbox"/> Finished Product	Auth.# (For PrimusLabs Use Only)
Grower:					
Product / Other:					
Ranch:			Lot / Plot / Block:		
Acres:		Beds:		Sample Date:	
				Time:	
P.O. #:		City & State:			
Additional Information / Analysis:				Request Date(s) for Sample to be taken by	
				PrimusLabs Samplers (Please enter location above):	
				From: ____ / ____ To: ____ / ____	

Sample Description:	<input type="checkbox"/> Field	Facility:	<input type="checkbox"/> Raw Product	<input type="checkbox"/> Finished Product	Auth.# (For PrimusLabs Use Only)
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Ranch:			Lot / Plot / Block:		
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				Time:	
P.O. #:		City & State:			
Additional Information / Analysis:				Request Date(s) for Sample to be taken by	
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Additional Information / Analysis:				Request Date(s) for Sample to be taken by	
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				From: ____ / ____ To: ____ / ____	