

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: _____

Please mark here if following **Leafy Green Marketing Agreement (LGMA)** (To best follow LGMA guidelines, please fill in all applicable boxes)

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.

Note: Water sampling for **Pesticide Residue Analysis** may require a **specialized container**. Please contact DispatchGroup@PrimusLabs.com for more information.

Microbiological Analysis:

Generic *E. coli* (MPN via Colilert) Total Plate Count (TPC)

Total Coliform - TC (MPN via Colilert)

Fecal Coliform (*Please submit additional 100ml Sample for this Analysis*)

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

Listeria *Listeria*

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

Salmonella *Salmonella*

STEC STEC

Yeast Mold

15 Tube MPN Method (Additional charges may apply)*

Generic *E. coli* Total Coliform

Fecal Coliform

*Please consult with a microbiologist on this selection

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: (Sample date and time are required) Auth.# (For PrimusLabs Use Only)

GPS (N): _____ Grower: _____

GPS (W): _____ Ranch: _____ Lot #: _____

Additional Information / Analysis: _____

Water Source: _____ Point of Entry: _____

Sample Date: _____ Time: _____ Commodity: _____

City / State: _____ Sampled By: _____

Sample Description: (Sample date and time are required) Auth.# (For PrimusLabs Use Only)

GPS (N): _____ Grower: _____

GPS (W): _____ Ranch: _____ Lot #: _____

Additional Information / Analysis: _____

Water Source: _____ Point of Entry: _____

Sample Date: _____ Time: _____ Commodity: _____

City / State: _____ Sampled By: _____

For PrimusLabs Use Only Relinquished By: Lab Doing Testing

Received By: Temp (C°): Date: Time: SM | SAL | AZ | FL | MX

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

Sample Description:	(Sample date and time are required)		Auth.# (For PrimusLabs Use Only)
GPS (N):	Grower:		
GPS (W):	Ranch:	Lot #:	
Additional Information / Analysis:	Water Source:	Point of Entry:	
	Sample Date:	Time:	Commodity:
	City / State:	Sampled By:	

Sample Description:	(Sample date and time are required)		Auth.# (For PrimusLabs Use Only)
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	Sample Date:	Time:	Commodity:
	City / State:	Sampled By:	

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