



Company *

Billing Address *

City *

State *

Zip *

Phone *

Email (for reporting purposes)

Fax

Complete sample identification (generic and/or brand name, general description or product classification, include batch, lot, control or part number as applicable).

Sample Identification	Lot / Batch No.	Part No. (if applicable)

Number of samples in this shipment: _____ Maximum limit per gram or ml of sample: _____

Select Test Method (check one): USP <61> Quantitative Enumeration of mesophilic aerobic bacteria and fungi
 USP <62> Determination of the absence of specified microorganisms

If USP <62> is requested, please select specified microorganisms (check all that apply):

Staphylococcus aureus *E. Coli* *Pseudomonas aeruginosa* *Salmonella species*
 Candida albicans *Clostridia species* *Bile tolerant gram-negative bacteria* Other: _____

Recommended reconstruction or extraction: _____

Handling precautions (include MSDS if applicable): _____

Disposal procedure: _____

Relinquished by:

Received by:

Signature

Signature

Printed Name

Printed Name

Company

Company

Date

Time

Date

Time