NORTHLAND Laboratories

The Right Partnership for Quality Assurance and Research & Development Professionals

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Client Name:	Division:
Submitter Name:	
Phone #:	Fax #:
E-Mail:	PO #:

NOTE: Special charges may apply for Rush or Composite requests.

				MICROBIOLOGICAL																		CHEMICAL					WATER			OTHER			
#	Sample Description	Date Sampled	Lot Number	Aerobic Plate Count	Anaerobic Plate Count	Coliform / E. coli Petrifilm	Coliform / E. coli MPN	Coliform / E. coli VRBA	Coliform Petrifilm	Coliform VRBA	Coliform MPN	E. coli Petrifilm	E. coli MPN	E. coli O157:H7 VIP	KF Streptococcus	Listeria species IMS/PCR	L. mono IMS/PCR	Salmonella IMS/PCR	Staph aureus Petrifilm	Staph aurieus Baird-Parker	Yeast & Mold	Fat - Babcock	Moisture - Vacuum Oven	Salt by Chloride Analyzer	pH	Total Solids	Nitrate	Standard Plate Count	Water Safety (Total Coliform)				
1																																	
2																																	
3																																	
4																																	
5																																	
6																																	
7																																	
8																																	
9																																	
10																																	

COMMENTS / SPECIAL INSTRUCTIONS: _____

Relinquished By: Date: Time:

FOR LAB USE ONLY:

Received By: _____

Date: _____ **Time:** _____ **AM or PM**

Temp: _____ **Condition:** _____

Shipped Via: **(circle one)**

Fed X _____

UPS _____

Courier _____

Drop Off _____

Other _____

Sample Entered By: _____

Results Entered By: _____

Validated By: _____

Approved By: _____

Revised: 02/14/2007KF