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MICROBIOLOGY SAMPLE ANALYSIS

Please complete this form as clearly as possible. This will help us recommend the correct water analysis and treatment solution for your needs.

CLIENT DETAILS	FOR TEST REPORT	INVOICE (IF DIFFERENT)
Name of Client/Company		
Contact Person		
Contact Number		
PO Box		
Email Address		

SAMPLE DETAILS

#	Sample Name	Location	Date
1			
2			
3			
4			
5			

Purpose of Application	<input type="checkbox"/> Drinking	<input type="checkbox"/> Bottling Plant
	<input type="checkbox"/> Industrial	<input type="checkbox"/> Food Preparation
	<input type="checkbox"/> Other (specify):	
Sample Water Source	<input type="checkbox"/> Borehole	<input type="checkbox"/> Process Water
	<input type="checkbox"/> Municipal	<input type="checkbox"/> Surface (river, dam etc)
	<input type="checkbox"/> Treated Effluent Water	<input type="checkbox"/> RO Water
	<input type="checkbox"/> Other (specify):	

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Water Quality Concerns	<i>Please elaborate on any concerns:</i>

WATER TEST REQUIRED (PACKAGES)

<input type="checkbox"/> Basic Microbiological Test	<i>Heterotrophic Plate Count (HPC)</i>	
<input type="checkbox"/> Drinking Water Microbiological Compliance Test	<i>Heterotrophic Plate Count (HPC), Escherichia coli (E. coli), Total Coliforms</i>	
<input type="checkbox"/> Extended Microbiological Test	<i>Heterotrophic Plate Count (HPC), Escherichia coli (E. coli), Total Coliforms, Pseudomonas aeruginosa, Pseudomonas spp., Salmonella spp.</i>	

Client Signature		Date	
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Additional Information:

Determinant	Unit
Heterotrophic Plate Count	CFU/ml
E. coli	CFU/100ml
Total coliforms	CFU/100ml
Pseudomonas aeruginosa	CFU/100ml
Pseudomonas spp.	CFU/100ml
Salmonella spp	Presence/Absence (per 100ml)