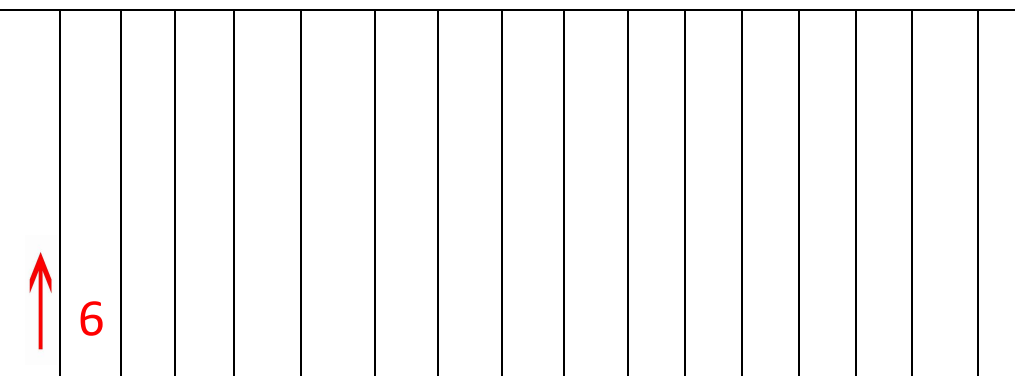



1-Client Job no#	
2-Company Name:	
3-Adress	
4-E-mail:	
5-Invoice (contact person)	

SAMPLE IDENTIFICATION	Harvest Date	Location	Sample type	PLEASE CHECK ANALYSIS REQUESTED
1- 7	8	9	10	
2-				
3-				
5-				
6-				
7-				
8-				
9-				
10-				
11-				
12-				
13-				
14-				
15-				

Turn around required Rush ____	Signature _____	Laboratory Use Only Rec'd by: _____ Time: _____ Temp: _____ Weight _____ 14 Storage: _____ Date: _____
Standard ____ Holiday ____ 12 *Double Rates may apply for Rush Analysis		13

**WARRANTY AND LIMITS OF LIABILITY:** Our warranty is limited to the accuracy of samples as received. We assume no responsibility for the purpose for which the client uses the test results, nor liability for any other warranties expressed or implied, including warranties of fitness for particular purpose or merchantability made by the client. These terms and conditions shall supersede any conflicting terms and conditions stated on any purchase order, or other order of work submitted by the client. **NOTE:** Signature is required for analysis to commence. Please contact the lab for any additional information not provided.

**CONFIDENTIALITY:** All work will be performed in confidence. Results are only released to the client or the client's designated agent.

# Description

1. **Client Job No:** (Optional) The number that you have given to this job. Usually a unique number.
2. **Company or Client Name:** (Required) This is your name or your business' name. It will be printed on the final report as the company involved.
3. **Address:** (Required) Your company's address or your home address.
4. **Contact Information:** (Required) We will also require this information, if you would like us to contact you by email or phone.
5. **Contact Name and Invoice to:** (Required) Contact name is your name or the name of the person that you want on the report. Invoice contact is the name that will go on the invoice, if different from the regular contact.
6. **Pathogens ID:** (Required) This place is reserved for type of pathogens tested (i.e. E.coli,, Listeria mono ....)
7. **Sample ID:** (Required) This is the number or identification you give to a sample. (i.e. meat, cheese,).
8. **Date Collected:** (Required) The date that you collected the samples on.
9. **Sample Location/Description:** A description of the location where the sample come from (ie., plan1, section 4, ...)
10. **Sample Type:** (Required) The type of sample (i.e.,Bulk, , Swab, etc)
11. **Sample details:** (Required) 5 samples is required to analysis if bulk.
12. **Turnaround Time Required:** (Required) "S" is standard turnaround "R" is rush turnaround, and "H" is holiday service, which includes both holidays and weekends.
13. **Testing Authorized by:** (Required) An authorizing signature *must* be on the form for the samples to be analyzed. Please print your name, sign and date the form.
14. **Reserved to the laboratory for Reception**