

Environmental Dipslide Submission Form

Please ensure that this form is completed fully and accurately. Missing, erroneous or incomplete data may result in delays in sending final reports. Samples must be sent in full compliance with the relevant postal regulations. Samples must be received at the laboratory in a timely manner, if this is not possible a repeat sample may be required.

Client Details:

Company name and address:

Site name and address:

Tel:

Fax:

E-Mail:

Additional Information:

Date of sampling:	<input type="text"/>
Sampled by:	<input type="text"/>

Please label dipslides 1-10 and complete the sampling information below. Further sampling instructions are available on request.

Please send me a replacement sampling kit

Sample Details:

Sample	House	Further details if applicable	Sample	House	Further details if applicable
1			6		
2			7		
3			8		
4			9		
5			10		

Instructions for use:

- Remove cap and withdraw combined cap/tongue unit (take care to not touch the gel).
- Holding the slide by the tabs at each end, press one side of the agar against the surface under test.
- Repeat for the second side on an area close to the first test.
- Replace the dipslide back into the original tube.

Please note that **all diagnostic samples** are to be returned to:

Newbridge Scientific
Castle House
Dale Road
Sheriff Hutton, York
YO60 6RZ