



Microbiology Submission Form

Water Microbiology

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.

Client Details:

Company Name and Address:	
Tel:	Fax:
Email:	

Site Name and Address:
CPH Number:
Producer Establishment Number: _____/UK/_____

Additional Information:

Date of sampling		Time of Sampling		Collected By	
Other Information (e.g. cleaning products used in water)					

Sample Information:

Sample Number	Sample ID	Comments	LAB USE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

Test Required (Please Tick)	
TVC at 22°C	
TVC at 37°C	
Coliforms	
Escherichia coli	
Staphylococcus aureus	

Tests Required (Please Tick)	
Clostridium perfringens	
Enterococcus Faecalis	
Pseudomonas aeruginosa	
Clostridia spp	

Laboratory Use Only			
Date of Receipt:	RFN:	R:	QC:
No of Samples:	Databased:	Final report sent:	
Booked in By:	BB Ref Range:		