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Document Title

Test Request Submission

Standard

Effective Date:

Pages

ISO/IEC 17025:2017

11/27/24

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Microbiology Sample Submission Form

Company Name:	Submission Date:	Purchase Order No.:
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Test Reports Provided To (Contact Name/Email):

Spl No.	(Lab Use Only)	Sample Description	Sample Batch/Lot#	Comments/Other Tests
	Lab ID#			
1				
2				
3				
4				
5				
6				
7				

CLICK TO PLACE A ✓ IN THE BOXES BELOW TO INDICATE TEST(S) REQUIRED FOR EACH NUMBERED SAMPLE

Spl No.	USP <2021>			Gram Stain	USP <2022>, USP<62>, USP <60> Pathogens					
	TPC / g or ml	Yeast & Mold Count / g or ml	Enterobacter Count / g or ml		<i>E. coli</i>	<i>Salmonella</i>	<i>S. aureus</i>	<i>P. aeruginosa</i>	<i>B. cepacia</i>	<i>C. albicans</i>
1										
2										
3										
4										
5										
6										
7										

Client Approval:
Print Name, Signature, Position

Lab Use Only		
Verified By:	Date:	Shared Sample: <input type="checkbox"/> Yes <input type="checkbox"/> No
Sample Condition: <input type="checkbox"/> Good <input type="checkbox"/> Not Good – If not good, explain:		