Microbac Laboratories, Inc. Boulder Division
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Project Reference:
(Microbac Use Only)

Microbiological Sample Submittal Form

Client Information	Billing Information	Method of Payment
Contact:	Address:	☐ PO #
Company:	(if different)	☐ Check #
Address:	Phone:	☐ Credit Card
City/State/Zipcode:	Fax:	
Phone:	A/P Contact:	
Fax:		Boulder Contact:
*Email:		

*Please note all results are sent via email unless requested otherwise.

Sample Information					Analysis Required: Please check below or list the testing required													
Sample Identification	Collection Date	Collection Time	Sample Type	# of Containers	APC	Colif.	E.coli	EB	E. coli O157	Salmonella spp.	Staph aureus	Yeast & Mold	L. mono	Listeria spp.	LAB	pH	water activity	Other Please List

Comments / Special Testing Requirements:

Submitted By (signature):	Date:	Received By (signature):	Date:	Receipt Temperature (°C) _____
Submitted By (signature):	Date:	Received By (signature):	Date:	Sample storage location: E1102 E1377 E1401 E1562 E1698 E1650 Dry Retain No Retain

Sample retained for 7 days after prep date.