

WATER MICROBIOLOGY - SAMPLE SUBMISSION FORM



ALS
Food & Pharmaceutical

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Office use only:
Affix ALS Workorder label

Company Name:	
Contact Person:	
Street Address:	
Email Address:	
Phone:	



Office use only:

Date: _____

Time: _____

Condition: _____

Opened by: _____

Purchase Order No.		Special Instructions:	
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Sample Name	Testing Required (please tick tests required)							Other (please specify)
	1	2	3	4	5	6	7	

Do you require a separate report for each sample:	Samples to be composited:
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Test No.	Test Description	Test No.	Test Description
1	Heterotrophic Plate Count - Potable Waters	6	Faecal Coliform - Filtration
2	Heterotrophic Plate Count - Cooling Towers	7	Psuedomonas aeruginosa - low turbidity
3	Legionella species		
4	E.coli - Filtration		
5	Coliforms - Filtration		

Please enclose a hard copy of this completed form with the samples