Microbiological Analysis Sample Submission Form



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Email: sampleadmin@donlevylab.com

DonLevy Laboratories offers sample pick up service to the Chicagoland area daily. To schedule a same day sample pick up, please contact the laboratory before 8:00 a.m.

Date Sent:
P. O. #
FOR LAB USE ONLY
Date Received:
Temp. Received at Lab:

Client Name:						count Code:		Invo	oice to:						
Address:	ddress:														
								List e-mail address(es) of all C of A recipients:							
Samples s	ubmitted I	o <u>y</u> :													
Send results via e-mail / fax (circle one) Telephone No: Fax No.									<u> </u>	- t D	er waahad				
						Analyses Requested ↓Circle Method ↓ Please Indicate Specification									
	,	1 1	1	l	<	Circle Met		< < Negative				Negative Negative			
Sample #	Date Collected	Time Collected	Sample Description		APC	Coliform MPN or plating	E. coli MPN or plating	CPS	Yeast	Mold	Salmonella indicate method/ analyte weight	Listeria indicate method/	EO157:H7	Other Describe in	
											gg or swab	gg	☐ 325g		
											g or swab	gg	☐ 325g		
											g or swab	g or swab	☐ 325g		
											g or swab	gg	☐ 325g		
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COMMENTS/INSTRUCTIONS:															
						Please indicate <u>Salmonella</u>			e method for <i>Salmonella</i> and <i>Listeria</i> , if requested above. <u>Listeria species</u> <u>Listeria monocytogenes</u>						
					☐ FDA-BAM ☐ DNAH ☐ BAX PCR			☐ FDA-BAM ☐ USDA ☐ DNAH ☐ BAX PCR				☐ FDA-BAM ☐ USDA ☐ DNAH ☐ BAX PCR			