Company Name

Requested by: Date:

Purchase Order Number:

Please complete and print this form and send it with the samples to Biotech Laboratories

100ml of sample is required for each test marked with *

Biotech Laboratories
Water Analysis Request Form

RR = Reporting Range

Sample Identification as it is to appear on the report	Water type Record the type number for each sample (See Table Below) or if not in table, then specify.	Clostridium perfringens *	Coliforms: Filter 100ml * or specify volume _____ ml	Coliforms: Most Probable Number (RR <1 to >18 CFU/100ml)	Faecal Coliforms: Filter 100ml * or specify volume _____ ml	Faecal Coliforms: Most Probable Number (RR <1 to >18 CFU/100ml)	E. coli: Filter 100ml + or specify volume _____ ml	E. coli: Most Probable Number (RR <1 to >18 CFU/100ml)	Salmonella (Filter 100ml * or specify volume _____ ml)	Legionella *	Plate Count	Yeast and Mould Count	Enterococci (Filter 100ml * or specify volume _____ ml)	Faecal streptococci (Filter 100ml * or specify volume _____ ml)	Pseudomonas aeruginosa (Filter 100ml * or specify volume _____ ml)	Staphylococcus coag positive (filter 100ml * or specify _____ml)	Sulphite Reducing Clostridia (filter 100ml * or specify _____ml)	Other Tests Please specify			Dialysis Samples: Endotoxin	Dialysis Samples: Totl Viable Count (120ml * required for Ultra Pure Dialysate)	Medical Scope wash waters: Aerobic Microbial Count	Medical Scope wash waters: Pseudomons (Preliminary Report issued after 2 days)	Medical Scope wash waters: Fast Growing Atypical Mycobacteria	Medical Scope wash waters: Plate Count (120 ml required)
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Water Types: [1] Drinking/Potable [2] Recreational 1° Contact [3] Recreational 2° Contact [4] Swimming Pool/Spa [5] Bottled [6] Food Processing [7] Ice [8] Cooling Tower/Condenser [9] Irrigation Specify crops and if direct contact [10] Treated Effluent [11] Untreated Effluent [12] Dialysate Ultra Pure [13] Dialysate NOT Ultra Pure [14] Dialysate Preparation Water [15] Scope wash water

Special Instructions or specify additional tests: