



NHLS Port Elizabeth Bacteriology laboratory

Cnr Buckingham and Eastbourne Road, Mount Croix. Phone 041-3956197 Fax 041-3956173

Request Form for Public Health Samples

SAMPLE COLLECTION

DATE	TIME

DELIVERED BY: (signature)

SAMPLE RECEIPT

DATE	TIME

RECEIVED BY: (signature)

CONDITION/TEMPERATURE OF SAMPLE/S ON RECEIPT			
Room Temp		Frozen	
Cold/ Temp on Receipt			

PLEASE USE A SEPARATE FORM FOR EACH SAMPLE TYPE (FOODS/DAIRY/ WATER,

SAMPLE TYPE	IDENTIFICATION	DESCRIPTION or COLLECTION LOCATION
1		
2		
3		
4		
5		

Please Select Tests Required Per Sample type.

WATER TESTING: Water type: POTABLE...../TREATED...../NON-POTABLE.....

Total Bacterial Count Coliform/E coli Enterococci
 Cholera Other.....

MILK TESTING: SAMPLE TYPE: Pasteurised...../Raw...../Certified...../UHT.....

Total Bacterial Count Coliform/E coli Pathogens
 Phosphatase Other.....

FOOD TESTING

Food Poisoning Analysis Total Bacterial count Coliform/Ecoli Count
 Yeast/Mould count Salmon Shigella Staph

OTHER TESTS.....

SENDER'S DETAILS:	
Name:	
Company:	
Address:	
Phone:	Fax:
Cell #:	
E-mail address:	