# Request Form for Public Health Samples

<table>
<thead>
<tr>
<th>SAMPLE COLLECTION</th>
<th>SAMPLE RECEIPT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DATE</strong></td>
<td><strong>DATE</strong></td>
</tr>
<tr>
<td><strong>TIME</strong></td>
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</tbody>
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**DELIVERED BY:** (signature)  
**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):**

<table>
<thead>
<tr>
<th>SAMPLE TYPE</th>
<th>IDENTIFICATION</th>
<th>DESCRIPTION or COLLECTION LOCATION</th>
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</thead>
<tbody>
<tr>
<td>1</td>
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**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: