

Practice Number 5200296

NHLS Public Health Green Point Complex, 1 Portswoods Road, 021 417 9354

# Request Form for Public Health Samples

NB: Please use separate forms for different sample types (e.g. Water separate from Food)

ACCOUNT DETAILS / INVOICE TO:	
Name:	
Company:	
Department:	
Address:	
Account No:	
Telephone:	
Cell phone:	
Email for results:	
Alternative contact:	

SAMPLE INFORMATION:	
Collection Date:	Time:
Location / Source of collection:	
Collected by:	
Tel / Cell phone:	
Signature:	
Notes/Reason for request:	
Outbreak <input type="checkbox"/>	Routine <input type="checkbox"/>

SAMPLES COLLECTED:					
No	Sample Reference Number	Sample Type / Description	No	Sample Reference Number	Sample Type / Description
1.			11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

FOOD SAMPLES	WATER SAMPLES
<input type="checkbox"/> Total Bacterial Count <input type="checkbox"/> Coliforms & E. coli <input type="checkbox"/> E. coli O157 <input type="checkbox"/> Salmonella species <input type="checkbox"/> Listeria monocytogenes <input type="checkbox"/> Coagulase Positive Staph <input type="checkbox"/> Clostridium perfringens <input type="checkbox"/> Shigella species <input type="checkbox"/> Vibrio species <input type="checkbox"/> Campylobacter species <input type="checkbox"/> Bacillus cereus <input type="checkbox"/> Listeria species <input type="checkbox"/> Yeast/ Mould count <input type="checkbox"/> Other tests: _____	<input type="checkbox"/> Potable <input type="checkbox"/> Non-potable <input type="checkbox"/> Moore pad <input type="checkbox"/> Dialysis water <input type="checkbox"/> Other: _____ <input type="checkbox"/> Total Bacterial Count <input type="checkbox"/> Total Coliforms & E. coli <input type="checkbox"/> Faecal coliforms <input type="checkbox"/> Vibrio cholerae (1 Litre for water) <input type="checkbox"/> Yeast/ Mould <input type="checkbox"/> Pseudomonas aeruginosa <input type="checkbox"/> Enterococcus species <input type="checkbox"/> Salmonella species (1Litre) <input type="checkbox"/> Legionella pneumophila (1Litre) <input type="checkbox"/> Other tests: _____

MILK SAMPLES	ENVIRONMENTAL/ HYGIENE SWABS
<input type="checkbox"/> Pasteurised <input type="checkbox"/> Raw <input type="checkbox"/> Infant formula/Powder <input type="checkbox"/> Other: _____ <input type="checkbox"/> Total aerobic count <input type="checkbox"/> Total coliform/ E. coli <input type="checkbox"/> Phosphatase <input type="checkbox"/> Methylene Blue Reductase <input type="checkbox"/> Antimicrobial substances <input type="checkbox"/> Other tests: _____	<b>NB: *Please indicate the collection surface area size:</b> <input type="checkbox"/> [10cm <sup>2</sup> ] <input type="checkbox"/> [Unmeasured] <input type="checkbox"/> Total Bacterial Count <input type="checkbox"/> Total coliforms & E.coli <input type="checkbox"/> Yeast/ Mould count <input type="checkbox"/> Listeria monocytogenes <input type="checkbox"/> Salmonella species <input type="checkbox"/> Other tests(Specify) _____
<b>STERILITY (For samples expected to be sterile)</b> <input type="checkbox"/> Sterility Testing	<b>AIR SETTLE PLATES</b> <input type="checkbox"/> Blood plate <input type="checkbox"/> Total SAB plate <input type="checkbox"/> Nutrient agar

Notes: (Temperature, Condition, Missing, etc.)	Received by:	DATE:	TIME:
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