

NHLS Port Elizabeth Bacteriology laboratory

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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	
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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	<input type="checkbox"/>	Coliform/E coli	<input type="checkbox"/>	Enterococci	<input type="checkbox"/>
Cholera	<input type="checkbox"/>	Other.....			

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

Total Bacterial Count	<input type="checkbox"/>	Coliform/E coli	<input type="checkbox"/>	Pathogens	<input type="checkbox"/>
Phosphatase	<input type="checkbox"/>	Other.....			

FOOD TESTING

Food Poisoning Analysis	<input type="checkbox"/>	Total Bacterial count	<input type="checkbox"/>	Coliform/Ecoli Count	<input type="checkbox"/>
Yeast/Mould count	<input type="checkbox"/>	Salmonella <input type="checkbox"/>	Shigella <input type="checkbox"/>	Staph	<input type="checkbox"/>

OTHER TESTS.....

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