

Micro Request form: SWABS

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Client name / Company: Kliëntnaam / Maatskappy:				Sampling Date: Datum van Monsterneming:	
ID / Company Reg. no.: ID / Maatskappy reg.:		Contact person: Kontakpersoon:		Order no/ Reference: Bestel no. / Verwysing:	
VAT no.: BTW nr.:		Contact number: Kontaknommer:			
Physical Address: Fisiese Adres:		Email (results): Epos (resultate):			
		Email (invoice): Epos (faktuur):			
Site / Farm name: Plaasnaam:		Courier Waybill no.: Koeriervragbrief nr.:			

#	Lab no. Lab use only / slegs vir labgebruik	Sample Reference Monsterverwysing	Total Plate Count	Yeast & Mould	B. cereus	Coli- forms	C. perfrin- gens	E. coli	E. coli 0157	Entero- bacte- riaceae	Lactic acid bact	Listeria		Salmo- nella	Staph- aureus	TAB *	Other
												L. spp detection	L. mono detection				
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	

Special requests/ Other tests: Notas / Ander ontledings:	
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FOR LAB USE ONLY				Arrival Time at Lab:	Comments/Report #
Received by:		Arrival Date at Lab:			
Intake done by:		Date of intake (if different from arrival date)			
Condition of Sample	Labelled? Sealed? Not Damaged?	YES	NO		

Client signature / Kliënthandtekening