

QF: 4.7.1

SAMPLE RECEIVING FORM					
Company name:	Contact person:	Telephone:			
Samplers name:	Samplers signature:	Sampling date:			
Project name:	Sample type: soil water sediment	air food sludge			
Sample Condition:	Sample temperature:	Job No:			

SN	Sample Name	Sample Information	Please select the required test number from the below list						
								·	

Test	Test Description	Test	Test Description
No:		N0:	
1	Standard plate count	10	Fecal enterococci/Strept ococci enumeration
2	Total coliforms MPN method	11	Yeast & Mold enumeration
3	Fecal coliforms MPN method	12	Detection of eggs/worms of helminth
4	E.coli MPN method	13	Total count /hygiena
5	Total coliforms MF method	14	Coliforms hygiena
6	Fecal coliforms MF method	15	E.coli/hygiena
7	E.coli MF method	16	Aqua total/hygiena
8	Pseudomonas aeroginosa enumeration	17	Aqua free/hygiena
9	Staphylococcus aureus enumeration	18	Ultra /hygiena
19	Others		

Laboratory Received by:	Signature:
	Date: