**NOTE: 1.** Follow instruction as per SOP# QC-71012-MIC to collect the sample for microbial testing. Ask for a copy of SOP.

**2.** Form must be completed with required information to be accepted by Capzer Pharmaceuticals except “LAB USE ONLY” part.

 **3**. Durable (water resistance) label should be used for proper labeling

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| --- |
| Send Results To: (check all that apply) |
| □ Attn: |
| Client/Vendor: |
| Address: |
| (City, State, Zip): |
| Phone: |
| □ Fax: |
| □ E-mail: |

|  |
| --- |
| Send Invoice To: (check all that apply) |
| □ Attn: |
| Client/Vendor: |
| Address: |
| (City, State, Zip): |
| Phone: |
| □ Fax: |
| □ E-mail: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sample # | Location of Sample collection  | Date/Time of Collection/ Collected By | Sample Type Ice/Water/others | Preservation Type(check only one) | **LAB USE ONLY**Condition Received |
|  |  | Date:Time:By: |  | □ Ambient□ 4°C □ -20°C | □ Good □ Damaged |
|  |  | Date:Time:By: |  | □ Ambient□ 4°C □ -20°C | □ Good □ Damaged |
|  |  | Date:Time:By: |  | □ Ambient□ 4°C □ -20°C | □ Good □ Damaged |
|  |  | Date:Time:By: |  | □ Ambient□ 4°C □ -20°C | □ Good □ Damaged |

Disclaimer: Samples will be disposed after analysis completion unless otherwise requested.

Submission Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Test will be conducted by Colitag method.

|  |
| --- |
| Comments: |

**FOR LAB USE ONLY**

|  |  |
| --- | --- |
| Sample ID: | Client/Vendor # |
| Received Date: | Received Time: |
| Received By: |