OMNIQU LABORATORIES
TESTING BEYOND THE VISIBLE

SWAB AND AIR PLATE SAMPLE SUBMISSION FORM

LABORATROY CONTACT DETAILS		
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Customer Name: _____

Contact Name: _____

Contact Number: _____

Contact Email: _____

Date: _____

Customer Order No.: _____

Signature: _____

LABORATORY USE ONLY				
OQ ORDER No.				
Date Received:				
Time Received:				
Delivery Mode:	**Customer**		**Courier**	
Laboratory Collection	**Date**		**Time**	
Temperature (°C):				
Condition:				

Laboratory use only		Sample Identification / Description	Tests Required (please mark with an X)													**STORAGE** RT = 18-25 °C (R) / Chilled = 1-5 °C (C) / Frozen = < -18 °C (F)
Sign	**Laboratory Sample Number**		**Air Plate - Total Viable Bacterial Count**	**Air Plate - Yeast & Mould Count**	***E.coli* + Coliforms Enumeration on swabs**	***Enterobacteriaceae* Enumeration on swabs**	**Faecal Coliforms Enumeration on swabs**	**Faecal *Streptococci* Enumeration on swabs**	***Listeria* spp. Detection (incl. *L. mono*) on swabs**	***Listeria* spp. Enumeration (incl. *L. mono*) on swabs**	***Pseudomonas* spp. Enumeration on swabs**	***Staphylococcus aureus* Enumeration on swabs**	***Salmonella* spp. Detection *on swabs***	**Total Viable Bacterial Count on swabs**	**Yeast & Mould Count on swabs**	
			AP. TVC	AP. YMC	SW.ECC	SW.ENT	SW.FCO	SW.FST	SW.LSD	SW.LSE	SW.PSE	SW.SAE	SW.SAL	SW.TVC	SW.YMC	
																R / C / F

Laboratory use only		Sample Identification / Description	Tests Required (please mark with an X)													
Sign	Laboratory Sample Number		Air Plate - Total Viable Bacterial Count	Air Plate - Yeast & Mould Count	*E.coli* + Coliforms Enumeration on swabs	*Enterobacteriaceae* Enumeration on swabs	Faecal Coliforms Enumeration on swabs	Faecal *Streptococci* Enumeration on swabs	*Listeria* spp. Detection (incl. *L. mono*) on swabs	*Listeria* spp. Enumeration (incl. *L. mono*) on swabs	*Pseudomonas* spp. Enumeration on swabs	*Staphylococcus aureus* Enumeration on swabs	*Salmonella* spp. Detection *on swabs*	Total Viable Bacterial Count on swabs	Yeast & Mould Count on swabs	**RAGE** RT = 18-25 °C (R) / = 1-5 °C (C) / Frozen = < 18 °C (F)
Comments / Further Instructions																

!!! WHEN LMD TESTING IS REQUIRED, IN ADDITION TO OTHER TESTS - PLEASE PROVIDE 2 SEPARATE SWABS !!!