OMNIQU LABORATORIES
TESTING BEYOND THE VISIBLE

WATER SAMPLE SUBMISSION FORM

LABORATORY CONTACT DETAILS		
Admin:	admin@omniqulabs.co.za	(+27) 76 689
Finance:	finance@omniqulabs.co.za	(+27
Laboratory Manager:	mariska@omniqulabs.co.za	(+27

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**		**Cour**
Laborarotory Collection:	**Date**		**Tir**
Temperature (°C):			
Condition:			

Laboratory Use Only		Water Type	Sample ID / Description	Tests Required (please mark with an X)											
Sign	Laboratory Sample Number			*Giardia intestinalis*, *Entamoeba histolytica* & *Cryptosporidium* spp. *D* etection in Water	Total Helminth and Ascaris Egg Count in Water	Enumeration of Somatic Coliphages in Water	Detection of *Vibrio cholerae* in Water	*Clostridium perfringens* Enumeration in Water	Faecal *Streptococci* Enumeration in Water	Total Viable Bacterial, *E. coli* & Coliform Count in Water	*Listeria monocytogenes* Detection in Water	*Listeria* spp. (incl. *L. monocytogenes*) Detection in Water	*Listeria* spp. (incl. L. monocytogenes) Enumeration in Water	*Pseudomonas* spp. Enumeration in Water	*Salmonella* spp. Detection in Water
				DE.GEC	WA.HAE	WA.SCO	WA.VCW	WA.CPE	WA.FST	WA.H2O	WA.LMD	WA.LSD	WA.LSE	WA.PSE	WA.SAL
Comments / Further Instructions															
!!! PLEASE PROVIDE AT LEAST 500 mL !!!															

58 (WhatsApp only)

1 773 0323

4 504 0307

STORAGE 1-5 °C

C