BioFoodTech Sample Submission Form

LABORATORY SERVICES

Telephone: (902) 368-5937; Courier Address: 101 Belvedere Avenue, Charlottetown, PE C1A 6B3

Client # (Lab use only):		ANALYSIS REQUESTED: (Sample receipt: Mon – Fri. 8:30am – 3pm, Shellfish Mon-Thurs. 8:30am – noon)														
Client Name:		**Water** - Total Coliforms / E.coli	Total Aerobic Plate Count	*E..coli* / Total coliforms	*Staphylococcus aureus*	*Listeria monocytogenes*	**Swabs** - *Listeria* species	*Salmonella* spp.	**Shellfish**- Faecal and / or *E.coli*	O157:H7	Total Yeast/Mold	*Vibrio parahaemolyticus*				
Send Report to (list all recipients):																
Signature of requester:																
E-mail:																
Client PO#:	Project# / LR#:															

SAMPLE IDENTIFICATION	BFT File #	PLEASE CHECK ANALYSIS REQUESTED														
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Laboratory Use Only

Rec'd by: _____ Time:_____ Temp:_____ Storage:_____ Date:_____

Reported by: _____ Date:_____ Invoiced by:_____ Date:_____

Reviewed by: _____ Date:_____

CONFIDENTIALITY: All work will be performed in confidence. Results are only released to the client or the client's designated agent.

WARRANTY AND LIMITS OF LIABILITY: Our warranty is limited to the accuracy of samples as received. We assume no responsibility for the purpose for which the client uses the test results, nor liability for any other warranties expressed or implied, including warranties of fitness for particular purpose or merchantability made by the client. These terms and conditions shall supersede any conflicting terms and conditions stated on any purchase order, or other order of work submitted by the client.

NOTE: Signature is required for analysis to commence. Please contact the lab for any additional information not provided..

Sample submission forms are available online at http://www.gov.pe.ca/forms/pdf/1957.pdf

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CONCEPT TO PILOT TO MARKET