



Revision #8 (2022-04-01)

Authorized by : F. Lortie M. Losier

Handwritten initials: FL, ML

Shaded areas for CZRI use only

232B, avenue de l'Église, Shippagan (N.-B.) CANADA E8S 1J2
Tél./Tel.: (506)336-6600 ; Téléc./Fax: (506)336-6601
www.valores.ca irzc-echantillons@umoncton.ca

F(1.1g) - Sample submission form - microbiology (environnemental)

Please send the completed form to irzc-echantillons@umoncton.ca or have a printed copy available when submitting samples

Job #:
Reception date:
Reception time:
Received by:
Samples damaged: [] no [] yes
Insufficient sample: [] no [] yes [] possibly
Sample temperature: 1- °C 2- °C
If cash: \$ (inc. taxes) initials

Customer: Contact: Additional copy(ies):
Address: Telephone #:
Email: PO / Project #:
Quote #:

Payment type:
[] Billed
[] Check
[] Cash

Sample type: [] Swab / Sponge [] Other:
Sampled by: # of samples:

Special requests: [] Rush analysis (MU) [] Partial report (RP)
[] Rush report (MUR) [] Rush partial report (RPR)
(Please refer to the Terms and conditions for surcharge information for these services)

Special instructions:

Agreement: By signing this electronic document, I agree that my digital signature is the legally binding equivalent of my handwritten signature.

Customer signature:

Subcontracted (Please refer to price list L(1.1g)) :

Table with columns: ID, Sample description/identification, Date / Time

Requested analyses table with columns: Swab / Sponge, Air Quality, Autre / Other. Rows include MAECTAP, MAECFA, MAEEC, MAELMN, MAESSN, MAECTUFC, MAEECUFC, MAESA, MAECBT, MAEEB, MAECBT - Total Aerobic Bacteria, MALM - Yeast & Mould, MILP : Identification Listeria spp.