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 www.valores.ca irzc-echantillons@umoncton.ca

F(1.1f) - Sample Submission Form - microbiology (Municipal Water)

 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: <input type="checkbox"/> no <input type="checkbox"/> yes
Insufficient sample: <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> possibly
If cash: _____ \$ _____ (inc. taxes) initials

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

Sample Type: <input type="checkbox"/> Drinking water <input type="checkbox"/> Wastewater <input type="checkbox"/> Other: _____	Payment type: <input type="checkbox"/> Billed <input type="checkbox"/> Check <input type="checkbox"/> Cash
Sampled by: _____ # of samples : _____	
Special requests : <input type="checkbox"/> Rush analysis (MU) <input type="checkbox"/> Partial report (RP) <input type="checkbox"/> Rush report (MUR) <input type="checkbox"/> 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: _____

ID	Sample description / identification	Date	Time	Cl ⁻ (mg/L)

Requested analyses									
Drinking water		Wastewater							
MECH - Heterotrophic plate count	MEVCTEC - Total Coliform & E.coli	MECW - E.coli (Colilert - wastewater)	MECTCF - Total Coliform (MPN)	MECTCF - Fecal Coliform (MPN)	MECTCF - Total & Fecal coliform (MPN)	MECFEC - Total, Fecal Col. & E.coli (MPN)	Other: MECTEC Total Coliform & E.coli	Other:	
0	0	0	0	0	0	0	0	0	0