

	Lab use only:
	Received By: _____
	Received Date: _____ / _____ / _____

Company Name: _____ Company: _____ Address: _____	Reporting Email: _____ Add'l email(s): _____ Sampling _____ Phone: _____ Contact: _____		
PO #/Notes: _____			
Media Lot #	Exp. Date	Media Lot #	Exp. Date

THIS IS A LEGAL DOCUMENT AND MUST BE COMPLETED IN PEN

Sample ID	Test Code	Sample Location	ISO Class	1000 L	500 L	25 cm
1						
2						
3						
4						
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USP 797 Test Codes	1107- AIR, Bacterial Counts w/ID's	1104 SURFACE, Bacterial Cnts/ID's	1113 AIR, Bacterial Cnts/ID's/Speciation
	1108 AIR, Fungal Counts w/ID's	1106 SURFACE, Fungal Cnts/ID's	1114 AIR, Fungal Cnts/ID's/Speciation
	1207- AIR, Bacterial Counts	1204 SURFACE, Bacterial Counts	1115 SURFACE, Bacterial Cnts/ID's/Spec.
	1208 AIR, Fungal Counts	1206 SURFACE, Fungal Counts	1116 SURFACE, Fungal Cnts/ID's/Spec.
	1208 AIR, Fungal Counts	1211- Low Risk Media Fill Analysis	1209 Medium Risk Media Fill Analysis

PO #/Notes:

Media Lot #

Exp. Date

Media Lot #

Exp. Date

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Sample ID	Test Code	Sample Location	Iso Class	1000 L	500 L	25 cm
20						
21						
22						
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