

	<b>Lab use only:</b>
	Received By: _____
	Received Date: ____ / ____ / ____

<b>Company</b>		<b>Reporting</b>	
<b>Name:</b> _____	<b>Email:</b> _____	<b>Add'l</b>	_____
Company _____	<b>email(s):</b> _____		_____
Address: _____		Sampled By: _____	Sample Date: _____
_____		Relinquished	_____
Phone: _____		By: _____	Relinquished Date: _____
PO #/Notes: _____		Sampler Type:      SAS      BioCulture      RCS	
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						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						

<b>USP 797 Test Codes</b>	<b>1107</b> AIR, Bacterial Counts w/ID's	<b>1104</b> SURFACE, Bacterial Cnts/ID's	<b>1113</b> AIR, Bacterial Cnts/ID's/Speciation
	<b>1108</b> AIR, Fungal Counts w/ID's	<b>1106</b> SURFACE, Fungal Cnts/ID's	<b>1114</b> AIR, Fungal Cnts/ID's/Speciation
	<b>1207</b> AIR, Bacterial <b>Counts</b>	<b>1204</b> SURFACE, Bacterial <b>Counts</b>	<b>1115</b> SURFACE, Bacterial Cnts/ID's/Spec.
	<b>1208</b> AIR, Fungal <b>Counts</b>	<b>1206</b> SURFACE, Fungal <b>Counts</b>	<b>1116</b> SURFACE, Fungal Cnts/ID's/Spec.
	<b>1208</b> AIR, Fungal <b>Counts</b>	<b>1211</b> Low Risk Media Fill Analysis	<b>1209</b> 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						
23						
24						
25						
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