

Have feedback?

Scan here for a quick survey!



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**Laboratory Use Only**

Arrival Condition  Good  Poor

Arrival Temperature: \_\_\_\_\_

## Chain of Custody - Microbiology

### Client Information

Company : \_\_\_\_\_  
Address : \_\_\_\_\_  
Telephone : \_\_\_\_\_ Fax : \_\_\_\_\_  
Purchase order : \_\_\_\_\_ Project Name : \_\_\_\_\_  
Submission #: \_\_\_\_\_  
Sampling point: \_\_\_\_\_

### Send the report to :

Name: \_\_\_\_\_  
Email : \_\_\_\_\_  
Email : \_\_\_\_\_

### Matrices

Raw product (type): \_\_\_\_\_  
Cooked product (type): \_\_\_\_\_  
Freshwater:  UC\*  C\*  Swabs  
Saltwater:  UC\*  C\*  Other Liquids: \_\_\_\_\_  
Ice (freshwater):  UC\*  C\*  Other solids: \_\_\_\_\_  
Ice (saltwater):  UC\*  C\*

\*UC = Unchlorinated, C = Chlorinated

### Required TAT (calculated in business days):

Samples received after 3 PM will be recorded as received the next business day

Regular turnaround (TAT)  5 to 7 days

Rapid TAT  1 Day  2 Day  3 Day

Samples for urgent analysis must be sent to us before noon to ensure the deadline

### Reporting format

**Portrait**  
 1 per page  
**Landscape**  
 several per page

Sample ID	Sampling date & time (mandatory)	Number of containers included (specify if composite)	Standard Plate Count 22°C 30°C 35°C 37°C	Standard Plate Count (Petrifilm)	Total Coliforms & E. coli (P/A - Colilert)	Total & Fecal Coliforms MPN MF	E. coli MPN MF	Coliforms & E. coli (Petrifilm)	Fecal Coliforms (A1)	Staphylococcus aureus (coagulase +)	Salmonella (P/A) Trad. VIDAS	Listeria (P/A) Trad. VIDAS	Listeria Enumeration	Vibrio P/A Enumeration	Enterobacteriaceae (Petrifilm)	Enterococcus	Anaerobes Vegetative Sporulative	Yeast & Moulds (Petrifilm)	Bacillus cereus	Air Setting Plates	Salt Content	pH	Contact Paddles Plates	Other:	Other:	Hazardous Yes No	Notes/Comments	
																											Work Order	

Sample submitted by (full name and signature)	Date/Time	Sample received by (full name and signature)	Date/Time	Page ____ of ____
Sample submitted by (full name and signature)	Date/Time	Sample received by (full name and signature)	Date/Time	