



MICROBIOLOGY SERVICE SAMPLE SUBMISSION FORM

Unified State Lab - Utah Department of Agriculture and Food
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CUSTOMER INFORMATION	BILLING INFORMATION <input type="checkbox"/> Same as Customer Information
Company Name	Company Name
Reporting Contact Information	Billing Contact Information
Attn: _____	Attn: _____
Address: _____	Address: _____
_____	_____
E-mail: _____	E-mail: _____
Phone: _____	Phone: _____

SAMPLE INFORMATION	
Sample description (include as much information as possible):	Sample collection date:
	Sample collection time:

TESTING REQUESTED	
Dairy Testing	Pathogen Testing
*Required - keep samples refrigerated between 0.0 - 4.5°C (32 to 40°F)	*Required - keep samples refrigerated between 0.0 - 15°C (32 to 59°F)
*Required - circle sample source: retail / farm / plant / other (specify):	
<input type="checkbox"/> Antibiotics screen <input type="checkbox"/> Pasteurization efficiency <input type="checkbox"/> Antibiotics confirmation test <input type="checkbox"/> Electronic Somatic Cell Count (ESCC) <input type="checkbox"/> Bacteria count <input type="checkbox"/> Water E.coli/Coliform test <input type="checkbox"/> Coliform count <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Salmonella screen <input type="checkbox"/> E.coli O157:H7 screen <input type="checkbox"/> Salmonella confirmation test <input type="checkbox"/> E.coli O157:H7 confirmation test <input type="checkbox"/> Listeria screen <input type="checkbox"/> STEC screen <input type="checkbox"/> Listeria confirmation test <input type="checkbox"/> STEC confirmation test

By signing, I confirm the accuracy and the completeness of the information provided, and acknowledge that the associated costs for all testing requested will be invoiced to the listed billing contact.

Submitted by:	Signature:	Date:
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For UDAF Lab use only:	
<input type="checkbox"/> Hand Delivered OR	Received Time/Date: _____
<input type="checkbox"/> Shipped via Carrier: _____	Received Temp (if required): _____
Comments:	Received By: _____