

ANALYSIS REQUEST FORM (Purified water for Health & Pharmaceuticals)

Client:
Contact:
Address:

Client number:
Project number:
Project: **Chemical testing and sub-contracting**
Sub-project: **Heavy metals testing, NHP and chemical testing**

Phone:
E-mail:

Contact: Manon Beaudry, ext. 5157

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suzanneperon@labenvironex.com

TO BE COMPLETED BY THE SENDER

Purchase order number: _____

**Certificate of
analysis format**

French English

Sample information

Identification:		
Code:	Lot number:	
Nature:	Sampling date:	

REQUESTED ANALYSIS (please check appropriate boxes)

Analysis	Method	Specifications
Description	<input type="checkbox"/> Organoleptic	
Total Microbial Aerobical Count	<input type="checkbox"/> USP <1231> pour plate 1 ml <input type="checkbox"/> USP <1231> filtration specify volume: _____	
Total Yeasts and Molds Count	<input type="checkbox"/> USP <61>	
Detection: <i>Escherichia coli</i>	<input type="checkbox"/> USP <62>	
Detection: <i>Staphylococcus aureus</i>	<input type="checkbox"/> USP <62>	
Detection: <i>Pseudomonas aeruginosa</i>	<input type="checkbox"/> USP <62>	
Detection: <i>Salmonella spp.</i>	<input type="checkbox"/> USP <62>	
Enterobacter spp. Gram ⁻ bile-tolerant bacteria (enrichment method)	<input type="checkbox"/> USP <62>	
Total coliforms	<input type="checkbox"/> MA 700.01	
TOC	<input type="checkbox"/> USP <643>	
Conductivity	<input type="checkbox"/> USP <645>	

Shipping date: _____

By: _____

Comments: _____