

ANALYSIS REQUEST FORM (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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suzanneperron@labenvironex.com

TO BE COMPLETED BY THE SENDER

Purchase order number: _____ Certificate of analysis: French English

Method: USP <61> Other (specify): _____

Sample Type: Swab Air RODAC contact plates

Date of sampling: _____

Sample Description

Sample Identification	Lot number	Requested analysis*	Specifications
		<input type="checkbox"/> TAMC <input type="checkbox"/> TYMC	
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* TAMC: Total Aerobic Microbial Count - TYMC: Total Yeasts and Molds Count

Shipping date: _____

By: _____

Comments: _____