



**Agriculture**  
**Quality Evaluation Division**  
**Laboratory Services**

PO Box 550, Truro, Nova Scotia B2N 5E3  
 (176 College Road, Truro, NS B2N 2P3)  
 Tel: 902-893-4683 Fax: 902-893-4193

**BACTERIOLOGY REQUISITION**

P/A

MPN

WATER SAMPLE

Raw  Treated

Well:  Drilled  Dug

Approved \_\_\_\_\_

Registered # \_\_\_\_\_

Private \_\_\_\_\_

Other \_\_\_\_\_

Name\* \_\_\_\_\_

Address\* \_\_\_\_\_

Town/City\* \_\_\_\_\_

Prov.\* \_\_\_\_\_ Postal Code\* \_\_\_\_\_

Tel\* \_\_\_\_\_ Fax \_\_\_\_\_

Location/Source\* \_\_\_\_\_

Date Taken\* \_\_\_\_\_

Time Taken\* \_\_\_\_\_

*\*Required information must be filled in before sample will be accepted.*

**Report to (if different from above)**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

**Copy to** \_\_\_\_\_

Specimens are analyzed as provided. The laboratory takes no responsibility for the accuracy of the information provided by the person submitting the sample (i.e. source).

**LAB USE ONLY**

Accession #

Date Received

Time Received

Temperature

Initials (Receiver)



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