



Agriculture
Quality Evaluation Division
Laboratory Services

176 College Road, Truro, NS B2N 2P3
 Tel: 902-893-4683 Fax: 902-893-4193

BACTERIOLOGY REQUISITION

P/A (Present/Absent) **MPN (Est. Count)**

WATER SAMPLE Raw Treated
 Drilled Well Dug Well
 Milk House Water

Approved _____ Registered # _____

Private _____ Other _____

Name* _____

Address* _____

County* _____ 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 _____

County _____ 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 #

Temperature

Initials (Receiver)

Date Stamp



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