

SOURCE BACTERIA SAMPLE SUBMISSION FORM



Sample Collection Date (MM-DD-YY): _____ Time: ____ a.m. ____ p.m.

Sample Collected By: _____

Name _____

Address _____

City _____ State _____ ZIP _____

Email _____ Phone # _____

(If email address is provided, report will be sent in a PDF format to you.)

Are you a Nelson and Pade Grower? Yes No

Indicate Individual Test(s) Needed Below

Sample #	e. Coli Membrane Filtration	e. Coli 15 tube Multi-tube Fermentation Method	Other
	<i>(Indicate Type of Plant Tissue)</i>	<i>Source Water</i>	
Ex: #101	Lettuce	<i>Source Water</i>	
Ex: #102		<i>Source Water</i>	
		<i>Source Water</i>	
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Lab Notes/Comments:

Received By: _____

Received Date/Time: _____

Temperature °C Upon Receipt _____

Received on Ice: Yes No

Preserved: Onsite Lab NA

Nitric Acid Lot #: _____

Lab ID #: _____

WDTACP Certified Lab # 424, EPA Lab # WI01080, WDNR Lab # 737109450

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