

# SYSTEM 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>	System Water	
Ex: #101	Lettuce	System Water	
Ex: #102		System Water	
		System Water	
		System Water	
		System Water	
		System Water	
		System Water	
		System Water	
		System Water	
		System Water	
		System Water	
		System Water	
		System Water	
		System Water	

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