VANGUARD LABORATORY

Sample Submission Form

Customer Information		Electronic documents will be provided in Adobe Acrobat (PDF) format.
Technical Contact:		
Technical Contact Email:		* Invoice with purchase order number will be sent to AP Contact from Client Information form.
Company Name:		** Definitions for abbreviations: **APC**= Aerobic Plate Count (Total Plate Count); **TCC**= Total Coliform Count; **ECC**= Coliform/E. coli Count; **LAB**= Lactic Acid Bacteria Count; **Y&M**= Yeast & Mold Count; **Env. Bact**= Envir. Bacteria, 30°C Incu.; **EB**= Enterobacteria, 37°C Incu; **ECO157**= E. coli O157:H7 Detection; **SAL**= Salmonella spp. Detection; **LIS**= Listeria spp. detection and **LMO**= L. monocytogenes detection.
Phone:		
Street Address:		
City, State, Zip:		
Purchase Order #:		**Turn around time requested:** ☐ Routine ☐ Expedited

Completed and signed sample submission form indicates agreement with laboratory terms and conditions and authorizes the lab to perform the requested analysis.

Item #	Customer Sample ID	Sample Type	Analyses Requested	Date & Time of Sample Collection	Comments	Sample Volume

Sample Condition: ☐ Frozen   ☐ Refrigerated   ☐ Other (describe): _____   **Date/Time Sample(s) Relinquished:** _____

Customer Special Instructions: **Authorized Signature:** _____

Lab Use Only	Lab Project #:	**Sample Receipt**	
Date/Time Received:	Due Date/Time:	Temp °C	Received By (print):
Notes:		Seals Intact ☐ Y ☐ N ☐ N/A	Received By (sign):
		Damaged ☐ Y ☐ N	

2635 Parkmont Ln SW, Suite A, Olympia WA 98502 | Office: 360.967.7010 | testing@vanguardlaboratory.com | www.vanguardlaboratory.com

GN021 / F03