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| **Client Information** | | |
| Company Name: | | Purchase Order (if available): |
| Quotation No (**Mandatory** for registration of samples): |
| Mailing Address: | | Submitted by: |
| Email Address: |
| Tel: | Mob: | Date: 15/07/2025 |

Note: Incubation conditions are as per Eurofins method unless otherwise requested.

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| **SAMPLE INFORMATION** |
| When sending this form you may delete any subsequent pages with tests that are not required |

**For Active Air Sample Plates**

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| **Sample Type** | **Active Air Samples Plates** | **Air Strips** | |
| **Reporting Unit** | **CFU/Plate**  **or**  **CFU/m3**  If the results are to be reported as per m3, the volume sampled and the correction factor (if applicable) are to be provided. | **CFU/Strip**  **or**  **CFU/m3**  If the results are to be reported as per m3, the volume sampled and the correction factor (if applicable) are to be provided | |
| **Actions to be taken if result is OOS**  **Eg. To perform ID via Genetic Sequencer (charges applies)** |  | | |
| **Tests Required:**  **This section must be completed for registration** | **Choose an item.** | | |
| *If other selected and for Additional requests, please tick the case “other” and provide details below:*  Other, please detail here: | | |
| **Sampling Information:** | **Sampling Operator:** | |  |
| **Sampling Date:** | |  |

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| **Sample Description** | **Air Volume Sampled (L)** | **Correction factor**  **(if applicable)** | **Specifications**  **(Eg. <1CFU/Plate or <1CFU/m3)** |
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*Additional rows can be added as required.*

**For Settle and Contact Plates**

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| **Sample Type** | **Settle Plates** | **Contact** | |
| **Actions to be taken if result is OOS**  **Eg. To perform ID via Genetic Sequencer (charges applies)** |  | | |
| **Tests Required:**  **This section must be completed for registration** | **Choose an item.** | | |
| *If other selected and for Additional requests, please tick the case “other” and provide details below:*  Other, please detail here: | | |
| **Sampling Information:** | **Sampling Operator:** | |  |
| **Sampling Date:** | |  |

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| **Sample Description** | **Specifications**  **(Eg. <1CFU/Plate)** |
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*Additional rows can be added as required.*

**For Swabs**

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| **Sensitivity**  **Eg: <1CFU/swab, <2CFU/swab, <10 CFU/swab etc** | **Choose an item.** | |
| If selected “Other”, please detail here: | |
| **Actions to be taken if result is OOS**  **Eg. To perform ID via Genetic Sequencer (charges apply)** |  | |
| **Tests Required:**  **This section must be completed for registration** | **Choose an item.** | |
| *If other selected and for Additional requests, please tick the case “other” and provide details below:*  Other, please detail here: | |
| **Sampling Information:** | **Sampling Operator:** |  |
| **Sampling Date:** |  |

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| **Sample Description** | **Specifications**  **(Eg. <1CFU/Swab)** |
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*Additional rows can be added as required.*

**NOTE:** A completed SSF with unambiguous testing instructions is required to register each project/sample(s). Any Client-requested testing instructions in the Quotation must also be described on the SSF. Failure to include them may result in their omission for testing. Any changes to submitted SSFs must be communicated via a NEW completed and client-authorised SSF, not verbal and/or emailed communication to the lab. Failure to provide updated SSFs in a timely manner will likely delay registration and test turnaround time.

**Any other special requirements (please specify):**