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| **ENVIRONMENTAL SURFACES AND AIR SAMPLES ANALYSIS ORDER FORM** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*Customer:** | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **\*Customer‘s data** | | \*Address: | | | |  | | | | \*ZIP code: | | | | |  | | | | | | | | | | |
| \*E-mail for invoicing: | | | |  | | | | \*VAT code: | | | | |  | | | | | | | | | | |
| **Contact person:** | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Contact person‘s data** | | Phone number: | | | |  | | | | | | | | | | | | | | | | | | | |
| E-mail address: | | | |  | | | | | | | | | | | | | | | | | | | |
| **\*E-mail address for reporting:** | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **\*Date of order:** | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Order data** | | \*Date of sampling: | | | |  | | | | PO reference: | | | | |  | | | | | | | | | | |
| Time/temperature of sampling: | | | |  | | | | Location of sampling: | | | | |  | | | | | | | | | | |
| Normative document of sampling: | | | |  | | | |
| **\*Language of the report (select one option):** (Analytical report will be sent via e-mail. After issuing the analytical report changes related to customer‘s clarification of the information can be initiated within 14 days) | | | | | | | | | | | | | | | | | | | Lithuanian | |  | | English | |  |
|  | **Sample information** (data for the analytical report) | | | | **Test Parameter (mark**  **)** One test object is required to determine one test parameter | | | | | | | | | | | | | | | | | | | Other parameters (fill in the appropriate line for each sample) | |
| **Sample number** | **\*Sample description (swabs/sponge/contact dipslide, sample collection surface, area (when applicable), date and time of sampling, etc. important information)** | | | **Quantity (units)** | Detection of Coliforms | | Enumeration of Coliforms | Detection of *Listeria monocytogenes* | Enumeration of *Listeria monocytogenes* | | Detection of *Escherichia coli* | Enumeration of *Escherichia coli* | Detection of *Salmonella spp*. | Enumeration of microorganisms | | Detection of *Enterobacteriaceae* | Enumeration of *Enterobacteriaceae* | Detection of *Staphylococcus aureus* and other species | | Enumeration of yeasts | | Enumeration of moulds | |
| 1 | Example: Swabs from gloves during work, 2025-01-01, 12:00 hrs | | |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  | |  | |  | |
| 2 | Example: Sponge. Washes from cooled carcasses from an area of 400 cm2, 2025-01-01, 12:00 hrs | | |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  | |  | |  | |
| 3 | Example: Contact dipslide from work table, 2025-01-01, 12:00 hrs | | |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  | |  | |  | |
| 4 | Example: Air sample, packaging room. By sedimentation method, 15 min. 1 sampling point. 2025-01-01, 12:00 hrs. | | |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  | |  | |  | |
| **Other comments (uncertainty, etc.)** | | |  | | | | | | | | | | | | | | | | | | | | | | |

Samples without order form can be accepted by the lab until 12:00, except when it is agreed in advance and the order form was submitted prior. TAT of the analyses are preliminary and can be adjusted by the peak load of the analyses, illness and other force majeure. The test results are confidential and are not shared via phone. By using Oder form, the Customer declares that he has read and accepted the general terms and conditions available on website: <https://www.eurofins.lt/lt/u%C5%BEsakymo-dokumentai/tyrim%C5%B3-atlikimo-politika/>.

If there is no information from the Client on the preferred analysis methods or test codes, the Customer consents to the methods selected by the Laboratory. The customer will be charged an additional fee for corrections and additions to information not included in the order or other agreements.

If the Client requires confirmation of compliance with a specification or test requirement, the Laboratory applies a simple acceptance decision-rule.

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | **Order reception date:** | | **Recipient:** | |
| **\*Gray areas are mandatory** |  | | Eurofins Labtarna Lietuva, JSC | |
|  |  | |  |
|  |
| **Customer‘s (representative‘s) signature** | Signature | |