

SOURCE BACTERIA SAMPLE SUBMISSION FORM



Sample Collection Date (MM-DD-YY):	Time: ___ a.m. ___ p.m.	Sample Collected By:	
Name:			
Address:			
City, State, Zip Code:			
Phone Number:			
Email:			
Are you a Nelson and Pade Grower? <input type="checkbox"/> Yes <input type="checkbox"/> 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>	
<i>Ex: #101</i>	<i>Lettuce</i>	<i>Source Water</i>	
<i>Ex: #102</i>		<i>Source Water</i>	
		<i>Source Water</i>	
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		<i>Source Water</i>	
Lab Notes/Comments:		Received at AgSource Lab By: _____	
		Received Date/Time: _____	
		Temperature °C Upon Receipt: _____	
		Received On Ice: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Preserved: <input type="checkbox"/> Onsite <input type="checkbox"/> Lab <input type="checkbox"/> NA	
		Nitric Acid Lot #: _____	
		Lab ID #: _____	
WDTACP Certified Lab # 424, EPA Lab # WI01080, WDNR Lab # 737109450			