SYSTEM 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? ☐ Yes ☐ No		

Indicate Individual Test(s) Needed Below

Sample #	e. Coli Membrane Filtration	e. Coli 15 tube Multi-tube Fermenation Method	Other
	(Indicate Type of Plant Tissue)	*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	

Lab Notes/Comments:

Received at AgSource Lab By: _____

Received Date/Time: _____

Temperature ^{o}C Upon Receipt: _____

Received On Ice: Yes or No

Preserved: Onsite / Lab / NA

Nitric Acid Lot # : _____

Lab ID #:

WDTACP Certified Lab # 424, EPA Lab # WI01080, WDNR Lab # 737109450

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