



IEH Laboratories & Consulting Group

IEH Sample Submission Form

F81/GN021/03

Customer Information							
Technical Contact:		Completed and signed sample submission form indicates agreement with IEH terms and conditions and authorizes IEH to perform the requested test(s). To protect the confidentiality of customer information, IEH will only include a unique Customer ID and Job ID on final reports instead of the customer name and address.					
Invoicing Contact:							
Company Name:							
Phone:		Please check preferred option(s) for receiving results (Electronic documents will be provided in Adobe Acrobat (PDF) format).					
Street Address:		<input type="checkbox"/> Fax to: _____					
City, State, Zip:		<input type="checkbox"/> E-mail to: _____					
Purchase Order #:		<input type="checkbox"/> Mailed Page <input style="width: 40px;" type="text"/> of <input style="width: 40px;" type="text"/>					
Turn around time requested*:		<input type="checkbox"/> Routine <input type="checkbox"/> Expedited <input type="checkbox"/> Emergency					
Item #	Customer Sample ID	Sample Type <small>e.g. air, water, meat, surface wipe, etc.</small>	Analyses Requested** <small>e.g. Quantitative Tests (QNT) : APC; TCC; ECC; LAB; AnPC; PSYCH; AnPSYCH; Y&M; ST Total; ST Fungi; Viable Fungi; Env. Bact; Ent. Bact; Qualitative Tests (QL): ECO157; Salm; List; Lm, Other (describe)</small>	Total Volume/Area <small>(as applicable)</small>	Comments <small>Write below as you want them to appear on the final report (Please use separate sheet if you would like to provide additional information about your samples).</small>	IEH Use Only	
e.g.	RX-112233	Water	QNT: APC+TCC + ECC	N/A	Purified Water Sample	IEH Lab Sample #	
Sample Condition: <input type="checkbox"/> Frozen <input type="checkbox"/> Refrigerated <input type="checkbox"/> Other (describe): _____				Date/Time Sample(s) Shipped: _____			
* Emergency Services require prior notification and sample arrival by 9:00 AM PST, Mon - Sat. Please call our Service Representative at 206-522-5432 for more information regarding turn around time, price and other conditions. ** Definitions for abbreviations: APC =Aerobic Plate Count (Total Plate Count); TCC =Total Coliform Count; ECC =Coliform/ <i>E. coli</i> Count; LAB =Lactic Acid Bacteria Count; AnPC =Anaerobic Plate Count; PSYCH =Aerobic Psychotrophic Count; AnPSYCH =Anaerobic Psychotrophic Count; Y&M =Yeast & Mold Count; ST Total =SporeTrap (Zefon or equiv.) Total Dust; ST Fungi =Spore Trap (Zefon or Equiv.) Fungi only; Viable Fungi =Viable Fungi (2 STD Media Bulk or Swab); Env. Bact =Envir. Bacteria, 30°C Incu.; Ent. Bact =Entero Bacteria, 37°C Incu.; ECO157 = <i>E. coli</i> O157:H7 Detection; Salm = <i>Salmonella</i> spp. Detection; List = <i>Listeria</i> spp. detection and Lm = <i>L. monocytogenes</i> detection.							
Customer Special Instructions:					Submitted By (print): _____		
					Authorized Signature: _____		
IEH Use Only		Customer ID #:		Job ID # / IEH Project #:		File Name / Sample Set #:	
Date/Time Received:		Due Date/Time:		<input type="checkbox"/> Send Results to IEH Project Manager:		_____	
IEH Special Instructions/ Customer Follow up:					Received By (print): _____		
					Authorized Signature: _____		