

**MICROBIOLOGICAL ANALYSIS REQUEST**  
**Total Viable Count (TAMC/TYMC) Testing**

|                       |                                     |                              |                                      |
|-----------------------|-------------------------------------|------------------------------|--------------------------------------|
| <b>CUSTOMER:</b>      |                                     |                              |                                      |
| <b>SUBMITTED BY:</b>  |                                     | <b>PURCHASE ORDER NUMBER</b> |                                      |
| <b>DATE:</b>          |                                     |                              |                                      |
| <b>SAMPLE DETAILS</b> | <b>COSHH RATING / MSDS SUPPLIED</b> | <b>TESTING SPECIFICATION</b> | <b>'ABSENCE OF' TESTING REQUIRED</b> |
|                       |                                     |                              |                                      |
|                       |                                     |                              |                                      |
|                       |                                     |                              |                                      |
|                       |                                     |                              |                                      |
|                       |                                     |                              |                                      |
|                       |                                     |                              |                                      |
|                       |                                     |                              |                                      |

Please note – if 'Absence of' testing has been selected, please indicate the requested organism(s).

|                          |  |
|--------------------------|--|
| <b>OTHER INFORMATION</b> |  |
|--------------------------|--|

|                      |  |                      |  |
|----------------------|--|----------------------|--|
| <b>CONTACT NAME</b>  |  | <b>TELEPHONE No.</b> |  |
| <b>CONTACT EMAIL</b> |  |                      |  |



Version: a

Issued on: 16.1.2025

Approved by: *[Signature]*

on 16.1.2025