



Tasmanian Government

Request for Bacteriological Analysis of Miscellaneous Samples

Public Health Laboratory
18 St Johns Avenue
New Town TAS 7008
Phone: (03) 6166 1106
Email: publichealth.lab@health.tas.gov.au
Website: www.health.tas.gov.au/phlab

Customer: _____

Date Sampled: _____

Contact Details (new customers or amendments)

Date Received: _____

Address: _____

Time Received: . _____

Email: _____

Purchase Order: _____

Tel: _____ Fax: _____

Sampling Officer: _____

Signature: _____

Reason for Analysis:

Environmental Survey

Air Sample Check
Machine Check

Other (specify): _____

Source of Sample:

Air Sampler
Environmental Swab

Sterility - Contact Plate
Sterility - Exposure Plate
Sterility - Broth

Re-useable Medical Device
Reverse Osmosis Machine
Other (specify): _____

Table with 6 columns: Sample Name, Time, Sample ID, pH, Res. Cl (ppm), Temp. (°C)

Requested Testing

* Colony Count

* Sterility (Growth/NG)

Water Methods

Salmonella spp.
* Listeria spp.

Thermotolerant Coliforms
Pseudomonas aeruginosa
Enterococci

Coliforms / E. coli
Heterotrophic Colony Count
* Marine Colony Count

Food Methods

Standard Plate Count
Coliforms
E. coli
Vibrio parahaemolyticus

Staphylococcus (coagulase +)
Bacillus cereus
Salmonella spp.
Listeria spp.
Listeria monocytogenes

* Yeasts and Moulds
* Enterobacteriaceae
* Clostridium perfringens
* Campylobacter spp.
* Other - Specify

* Test is not NATA-accredited

Note: NATA Accreditation does not cover matrices other than food and water.

Comments:

Laboratory Use Only

Temperature on Receipt: _____ °C Job Number: _____ Registered by: _____