

Swab Submission Form

Date:	
Company:	
Department:	
Name:	
Email:	
Telephone:	

Sponge Swabs: Presence/Absence

Nu	Time	Description	Tests, e.g. Salmonella, Listeria	Limits, e.g. none found

Stick Swabs: Enumeration Tests

Nu	Time	Description	Tests, e.g. TVC, enteros, E coli,	Limits, e.g. TVC < 1000; Enteros < 100; e coli < 10