

TEST REQUEST FORM – MICROBIOLOGY SECTION

Section 1: Customer Name and Address:

Company name: _____ Postal Address: _____ Town: _____ Tel No: _____ Fax No: _____ Requestor: _____ Requestor Signature: _____ E-mail address: _____ Purchase order number (Attach document): _____ Sample submitted by (Name in print): _____ Type of Account: Credit <input type="checkbox"/> Cash Account <input type="checkbox"/>	Sample Reception E-mail: ReceptionS@nsi.com.na Tel: +264 64 216600 Fax: +264 64 200151
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No of Samples:	Date samples collected:	(Flow/Job Number)	
Sample type:	Swabs (S) <input type="checkbox"/>	Food/Fish (F) <input type="checkbox"/>	Air Quality plates (A) <input type="checkbox"/>
	Water (W) <input type="checkbox"/>	Milk (M) <input type="checkbox"/>	Bivalves (Shellfish) (BV) <input type="checkbox"/>
Please indicate Vessel Name	Factory Name:		

Note 1: Cleaning efficacy calculations for swab samples, requires both TVC and Faecal coliforms parameters to be tested. Kindly tick the box below to indicate whether cleaning efficacy should be calculated.

Laboratory to calculate the Percentage Cleaning Efficacy

Note 2: All swab samples that require Cleaning Efficacy Percentage calculation are to be submitted on one Test Request Form. In the event, the number of swabs exceed one Test Request Form, the customer should indicate this clearly under the special request section.

Section 2: Sample information

Sample ID <i>Kindly list names as they should appear on the test report *</i> <i>For water samples clearly indicate the type of water, e.g. Seawater, Potable water, Bottled water</i>	Time of sampling	<i>-For official purposes only-</i>		
		Lab ID No	Completed and checked by:	Time samples received:
			Sample condition upon receipt	
			<input type="checkbox"/> Chilled samples <input type="checkbox"/> Frozen <input type="checkbox"/> Cooked/ processed product <input type="checkbox"/> Live samples <input type="checkbox"/> Received in cooler box, on ice <input type="checkbox"/> Received in cooler box <input type="checkbox"/> Samples received within 6 hours	
			<i>Stamp</i>	

Please note that the information on this form, is what shall appear on the Test Report. Therefore, customer to ensure that all the relevant details to be reflected on the Test Report is supplied accurately and appropriately indicated on this form. For turnaround time information, please refer to ED191 available at sample reception or the NSI website: www.nsi.com.na

			<input type="checkbox"/> Samples received with no cooling but exceeding 6 hours
			Other: _____

			Cooler box Temp _____ °C Temp + correction factor _____ °C
			Thermometer ID: _____ Correction Factor: _____ °C
			<input type="checkbox"/> Sample conditions acceptable:
			<input type="checkbox"/> Sample rejected - condition received Unsuitable:
Special request/Comments from customer:			

Section 3: Please tick the appropriate box to indicate test requested

Test(s) Done & Unit Cost	Method	Samples accepted*	Tick	Test(s) Done & Unit Cost	Method	Samples accepted*	Tick
Total Viable Colony Count	TM/M/14 [SANS 5221] (W) TM/M/01 [ISO 4833-1] (F & M) TM/M/12 [SANS 5763] (S)	W F S M		Identification of Microorganisms	TM/M/21 [VITEK MS]	MO	
Enterobacteriaceae	TM/M/02 [ISO 21528-2]	F S		<i>Salmonella</i> spp.	TM/M/08 [ISO 6579-1]	F S BV	
Total coliforms	TM/M/15 [SANS 5221(W)] TM/M/03 [SANS 4832(F & M)]	W F S M		<i>Clostridium perfringens</i>	TM/M/09 [SANS 7937](F & S) TM/M/26 [Adapted method: SANS 7937 & SANS 5221] (W)	W F S	
Faecal Coliforms	TM/M/16 [SANS 5221] (W) TM/M/28 [SANS 5221] (W) TM/M/27 [SANS 7251] (F & M) TM/M/13 [VC8031] (S)	W F S M		<i>Coagulase Positive Staphylococci including Staphylococcus aureus</i>	TM/M/05 [SANS 6888-1]	F S	
<i>E. coli</i>	TM/M/16 [SANS 5221] (W) TM/M/28 [SANS 5221] (W) TM/M/04 [ISO 16649-2] (F) TM/M/13 [VC8031] (S) TM/M/27 [SANS 7251](M)	W F S M		<i>V. parahaemolyticus and V. cholerae</i>	TM/M/06 [ISO 21872-1]	F BV	
Intestinal Enterococci	TM/M/17 [SANS 7899-2]	W		<i>Vibrio</i> spp. including <i>V. parahaemolyticus</i> , <i>V. cholerae</i> and <i>V. vulnificus</i>	TM/M/06 [ISO 21872-1]	F BV	
<i>E. coli</i> (Shellfish)	TM/M/11 [ISO 16649-3]	BV		<i>Listeria monocytogenes</i>	TM/M/10 [ISO 11290-1]	F S	
Air Quality: TVC	SOP/M/16 [ISO 4833-2]	A		<i>Shigella</i> spp.	TM/M/07 [ISO 21567]	F	
Air Quality: Yeast & Mould	SOP/M/16 [SANS 7954]	A		<i>Salmonella</i> spp. Enumeration	TM/M/29 [ISO 6579-1]	F	

Customer complaint handling procedures as per QM 7.9
Customer confidential and proprietary information will be made available to external parties i.e assessors, auditors and law makers.
Samples submitted with only purchase order number and not purchase order document shall not be accepted.
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Total Viable Colony count in water samples at 37 °C	TM/M/31 [Adapted method: Microbiology of Drinking Water (2012) – Part 7- Environment Agency]	W		E. coli & Total Coliforms	TM/M/18 [IDEXX Colilert 18]	W	
Total Viable Colony count at 22 °C.	TM/M/30 [Adapted method: Microbiology of Drinking Water (2012) – Part 7- Environment Agency]	W		Faecal Coliforms	[IDEXX Colilert 18]	W	

W: Water / F: Food & Fish / S: Swabs / A: Air quality plates / MO: microorganism identification / BV: Bivalve (Shellfish)

Section 4: Sampling request for NSI staff to collect samples from customer site

-To be completed by client-	-To be completed by laboratory staff-
Acknowledgement that sampling was conducted and points sampling confirmed. Name of company representative: _____ Signature: _____ Date: _____	Comment (observations that can affect sample results made during sampling): _____ _____
	Name of sampler: _____ Signature: _____ Date: _____

- For laboratory use only -

Section 5: Customer communication records	
Communication with customer upon sample reception or after received:	Name and signature
Name of company representative: _____ Date and time: _____	

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Section 6: Fees for NSI Microbiology laboratory

Microbiology Testing Services	Fee (N\$) (Incl.)	Microbiology Testing Services	Fee (N\$) (Incl. % VAT)
Total Viable Count (Swab)	251,63	<i>Vibrio cholerae</i> and <i>Vibrio parahaemolyticus</i>	402,30
Total Viable Count (Water)	286,41	<i>Vibrio</i> spp. including <i>V. parahaemolyticus</i> , <i>V. cholerae</i> and <i>V. vulnificus</i>	614,67
Total Viable Count (Food and Milk)	307.75	Vibrio Confirmation (pre API)	147.68
Enterobacteriaceae (Food and swabs)	386.83	<i>Shigella</i> spp. (Food)	415.79
Intestinal Enterococci Membrane Filtration (Water)	277.31	<i>Shigella</i> spp. Confirmation (pre API)	178.30
Faecal Coliforms (Swab)	245.64	<i>Salmonella</i> spp. (Detection & Enumeration)	436.58
Faecal Coliforms Membrane Filtration (Water)	283,64	* <i>Salmonella</i> spp. Confirmation (pre Vitek / API)	178.30
Faecal Coliforms MPN (Food and Milk)	300.36	Coagulase Positive <i>Staphylococci</i> including <i>Staphylococcus aureus</i>	242,50
Faecal coliforms MPN (Water)	300,36	Coagulase positive staphylococcus confirmation	349.14
<i>Escherichia coli</i> (Food)	397.11	<i>Listeria monocytogenes</i>	477,95
<i>Escherichia coli</i> (Swabs)	245.64	<i>Listeria monocytogenes</i> Confirmation (pre Vitek / API)	222.67
<i>Escherichia coli</i> MPN (Food and Milk)	300.36	<i>Clostridium perfringens</i> (Food & Swabs)	434.35
<i>Escherichia coli</i> (Shellfish)	491.98	<i>Clostridium perfringens</i> (Water)	279.88
<i>Escherichia coli</i> Membrane Filtration (Water)	308.63	API 20 E Confirmation	428.00
E. coli MPN (Water)	300,36	API 10 S Confirmation	428.00
Total Coliforms (Food, Swabs and Milk)	334.46	API Listeria Confirmation	428.00
T.coliforms Membrane Filtration (Water)	282,15	Vitek MS confirmation	262,76
Total Coliforms MPN (Water)	300,36	Air Quality plates TVC	169.95
Colilert Total coliforms & E. coli	201.04	Air Quality plates Yeast and Mould	169.60
Colilert Faecal coliforms	201.04	Total Viable Colony count (water) samples at 22 °C	286.41
Un-returned sample bottle (per bottle)	114.49	Total Viable Colony count (water) at 37 °C	286.41
Call Out Fee for Sampling	575.88	Un-returned swab (per swab)	57.25
Sample handling (referral) – note does not include courier fees which will be added on based on actual cost.	130.52	Original Report Re-print Fee	91.59
Mileage charge for sampling	4.50/km		

**Salmonella* serotyping will be subject to additional charges.

Please note: Transport to any outside laboratories for referral will be charged at courier company rates plus a handling fee.

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