

NSI TESTING CENTRE, Langer Heinrich Crescent , Erf no. 4466, P O Box 123; Walvis Bay, Namibia; Tel: +264 64 216 600; Fax: +264 64 200 151

TEST REQUEST FORM - MICROBIOLOGY SECTION (WATER SAMPLES)											
Section 1: Customer Name and Address:											
Company name: Postal Address: Town:					Sample Reception E-mail: ReceptionS@nsi.com.na Tel: +264 64 216600						
1 Ostai Audi Css.		1001	11.				Fax: +264 64 200151				
Tel No: Fax No:											
Requestor: Requestor Signature:											
E-mail address:						Stamp					
Purchase order numb	er (Attach	document):									
Sample submitted by (•								
Type of Accour	ıt:	Credit		Cash	Account						
N = of Complete		Date samples collec	-40 d.				Tab	D-Carray Sa Number			
No of Samples:		Date samples collec	ctea:				JOD	Reference Number			
Sample type:		Water (W)						ntification of Microo	rganisms		
Indicate Vessel Name:	Γ				Indica	te Fact	tory	Name:			
	Note: Wa	iter samples are viable	e for micro	obiolog	ical analys	is with	in 24	1 hours after sample	collection.		
			Sect	tion 2:	Sample inf	ormati	on				
							-For official purposes only-				
Sample ID Kindly list names as they should appear on the test report * Clearly indicate the type of water, e.g. Seawater, Potable water, Bottled water, Sewage water etc.			oort *	sampling	Lab ID No	che	Completed & Time samples received:				
			le :	Time of sampling			Sample condition upon receipt		n receipt		
							Received in cooler box, ,on ice				
								Received in cooler box	r box		
								Samples received within 6 hour			
							Samples received with no cooling & exceeding 6 hours				

				Other:			_
					°C Temp + correction factor Correction Factor:		
					nditions acceptable:		
				Sample reje	le:		
Special request/Comr	nents from customer:						
	Sectio	n 3: Plo	ease tick the a	ppropriate box to in	ndicate test requested		
Total Viable Colony (TVC) Counts at 35°C.	TM/M/14 [SANS 5221]	w		Intestinal nterococci	TM/M/17 [SANS 7899-2] - MF	w	
Total Viable Colony (TVC) counts at 37 °C.	TM/M/31 [Adapted method: Microbiology of Drinking Water (2012) – Part 7- Environment Agency]	w		Clostridium perfringens	TM/M/26 [Adapted method: SANS 7937 & SANS 5221] - MF	W	
Total Viable Colony (TVC) counts at 22°C.	TM/M/30 [Adapted method: Microbiology of Drinking Water (2012) – Part 7- Environment Agency]	w		Pseudomonas aeruginosa	TM/M/23 [ISO 16266] - MF	W	
Total coliforms	TM/M/15 [SANS 5221] - MF	W	Id	lentification of	TM/M/21 [VITEK MS]	СР	

Faecal Coliforms

Escherichia coli

W: Water/

TM/M/28 [SANS 5221] - MPN

TM/M/16 [SANS 5221] - MF

TM/M/28 [SANS 5221] - MPN

TM/M/16 [SANS 5221] - MF

TM/M/28 [SANS 5221] - MPN

CP: Culture Plates/

MPN: Most Probable Number

Adapted food standard method

[ISO 21528-2]

Microorganisms

Enterobacteriaceae

Version 0: 01 February 2023

MF: Membrane Filtration/

W

W

Section 4: Sampling request for NSI staff to collect samples from customer site									
Sampling Protocol used: SOP/M/04 (Sampling procedure for the collection of water, ice and swab samples for Microbiological analysis).									
(Comment if any deviations, additions or exclusions from the procedure) Comment(s):									
-To be complete	-To be completed by clientTo be completed by laboratory staff-								
Acknowledgement that sampling was conconfirmed.	nducted and points sampling	Comment (any observations made during sampling that can affect sample results) e.g environmental conditions etc.							
Name of company representative:									
Signature:									
Date:		Name of sampler:							
		Signature:							
		Date:							
FOR COMPLETION	BY NSI TESTING CENTRE PERS	ONNEL ONLY (SAMPLERS/UPON S.	AMPLE RECEIPT)						
Indicate the traceabilit	y batch number(s) for sampling ma	iterials submitted with samples by cus	tomer for analysis						
Sampling Material(s)	Traceability Batch Number/ E	er/ Equipment Number (If more than one used/ submitted, reference all)							
1L Sampling bottle(s)									
500ml Sampling bottle(s)									
250ml Sampling bottle(s)									
Digital Timer(s)									
Section 5: Customer communication records									
Communication with customer upon sample	e reception or after received:		Name and Signature						
Name of company representative		Date:							

- For laboratory use only-