

**Microchem Lab Services (Pty)Ltd**

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## Cape Town Branch Microbiology Request Form: Swabs

**PLEASE COMPLETE ALL FIELDS**

**Customer Information**

<b>Company Name</b>	
<b>Company Address</b>	
<b>Accounts Contact Person</b>	
<b>Accounts Email</b>	
<b>Technical Contact Person</b>	
<b>Requested By</b>	
<b>Requestor Email</b>	
<b>Telephone</b>	
<b>Date Requested</b>	
<b>Order Number</b>	

**Sampling Information**

<b>Client Date and Time Swabs Taken</b>	e.g. 2013/01/01 12h00
<b>Please note that swabs need to be analyzed within 24h from sampling</b>	
<b>Temperature (Client)</b>	e.g. 5°C
<b>Temperature and swab batch code (For Microchem Use Only)</b>	

**ON THE NEXT PAGE, PLEASE FILL IN ALL THE DETAILS FOR YOUR PRODUCT(S) AND THE ANALYSES REQUESTED**



Additional Comments	
Product	Comments

Collected by (for office use):

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