

MICROBIOLOGY - CAPE TOWN

SAMPLE ANALYSIS REQUEST FORM (SARF) - HORTEC

Please type into this form, save and e-mail back to za.customercare@mxns.com

Company Name*	Hortec	Company Address	Ou Paardevlei Road, Unit D45, Olive Grove Industrial Estate, Firgrove Rural, Somerset West		
Company Account No	HOR004	Account to (Company/Dept)*		Department	
Client Reference Number (Packhouse code)		Order Number (if required)*	n/a	Direct Contact Number	064 813 2532
Requested By*	Adele Potgieter	Submitted on (DD/MM/YYYY)*		Total No of Samples Submitted*	
COA Email Address 1*	Adele@hortec.co.za	COA Email Address 2*		Total No of Pages	

All fields marked with*, are mandatory and MUST be completed. Samples cannot be analysed if any of this information is omitted. Please note that the information indicated on this form is what will appear on one Certificate of Analysis (COA). Therefore, please ensure that all the relevant details to be reflected on the COA are supplied and indicated on this form.

Product Description* (to appear on COA) Please note that the information indicated on this form, is what will appear on the COA. Therefore, please ensure that all the relevant details to be reflected on the COA are supplied and indicated on this form.	Test Date* DD/MM/YYYY	Analysis Required Please select from dropdown box. If test required is not present, please type in the next column (Other Test Required)	Other Test Required If applicable / relevant.	Special Requests / Additional Info If applicable / relevant. Please select from boxes below and/or type in the "Other" field.
Hand Swabs 1) 2) 3) 4) 5) 6) 7) 8)		Escherichia coli		<input type="checkbox"/> Test samples as a composite
		Staphylococcus aureus		<input checked="" type="checkbox"/> Test samples individually
				Other:

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Surface Swabs 1) 2) 3) 4) 5) 6) 7) 8) 9) 10)		Total Microbial Activity (TMA)		<input type="checkbox"/> Test samples as a composite
				<input type="checkbox"/> Test samples individually
				Other: