Ontario Water Testing Centre - Cannabis Requistion Form

Invoice Informatio	Report Ir	Report Information to:									
Company Name:			Company	Company Name:							
Contact:			Contact:	Contact:							
Address:	Address:	Address:									
Phone:			Phone:								
E-Mail:			E-Mail:								
Date & Time Sample	ed:	What is required: 15g product for Comprehensive Pathogen Scan. Additional product may be required for additional testing									
Sampled by:		Relinquished by:		Client PO#:							
					OWTC reserves the right to require	pre-payment or approv	val before analysis begins				
OWTC Lab ID#		Sample Description	1	Analysis Requeste	d	Amount Received (g)					
	can includes: Salmonella, E. coli, S. aureus, P. aero	uginosa, Aerobic Count, Yeas	t & Mold and Gram Negative Bile Tole	erant Bacteria ((GNBTB)						
Additional Comments	s or Instructions:										
For Lab use Only:											
Date & Time Received:		Temp:	Received by:	Date Teste	d:	Ref #:					

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				Company Name: Contact: Address: Phone:							
E-Mail:					E-Mail:						
Date & Time Sampled:			Sampled by:		Relinquished by:				Client PO#:		
								OWTC reserves t	he right to require pre-payment or approval before analysis begins		
OWTC Lab ID#	Amount Received	Matrix		Sample Description		Amount Provided (15g product requi		(15g product require	Analysis Requested quired for Comprehensive Pathogen Scan. Additional product may be required for additional testing)		
Lá	ab use Only					Client Use					
Comperhensive Pathogen So	can includes: Salmone	la, E. coli , S. a	aureus, <i>P. aeruginosa</i> , Aerobic Cou	unt, Yeast & Mold and Gram Ne	gative Bile Tolera	ant Bacteria (C	GNBTB)				
Additional Comments	s or Instructions:										
Lab use Only:											
Date & Time Received:			Temp:	Received by:		Date Teste	d:		Ref #:		

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Phone:			Phone:	Phone:						
E-Mail:				E-Mail:						
Date & Time Sampled:			Relinquis	Relinquished by: Client PO#: OWTC reserves the right to require pre-payment or approval before						
OWTC Lab ID# Amount Received Matrix		Sample Description		Amount Provided	Analysis Requested (15g product required for Comprehensive Pathogen Scan. Additional product may be required for additional testing)					
D doc Offing										
Comprehensive Pathogen Scan includes: Salmonella, E. coli, S. aureus, P. aeruginosa, Aerobic Count, Yeast & Mold and Gram Negative Bile Tolerant Bacteria (GNBTB)										
Additional Comments or Instructions:										
Date & Time Received:			Received by:	Date Tested:			Ref #:			
	Amount Received b use Only	Amount Received Matrix buse Only	Amount Received Matrix Subsection of the Control of	Company Contact: Address: Phone: E-Mail: Matrix Received Matrix Sample Description Sample Description Duse Only an includes: Salmonella, E. coli, S. aureus, P. aeruginosa, Aerobic Count, Yeast & Mold and Gram Negative Bile Toles or Instructions:	Company Name: Contact: Address: Phone: E-Mail: Amount Received Matrix Sample Description Duse Only Amount Received Matrix Sample Description Sample Description	Company Name: Contact: Address: Phone: E-Mail: Amount Received Matrix Sample Description Amount Provided Duse Only Amount Sample Description Provided Amount Provided Amount Provided Amount Provided	Company Name: Contact: Address: Phone: E-Mail: OWTC reserves t Amount Received Matrix Sample Description Amount Provided (15g product require buse Only) an includes: Salmonella, E. coli, S. aureus, P. aeruginosa, Aerobic Count, Yeast & Mold and Gram Negative Bile Tolerant Bacteria (GNBTB) or Instructions:			