

# Ontario Water Testing Centre - Cannabis Requisition Form

**Invoice Information:**

Company Name: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

**Report Information to:**

Company Name: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

<b>Date &amp; Time Sampled:</b>	<b>What is required:</b> 15g product for Comprehensive Pathogen Scan. Additional product may be required for additional testing	
<b>Sampled by:</b>	<b>Relinquished by:</b>	<b>Client PO#:</b>

OWTC reserves the right to require pre-payment or approval before analysis begins

OWTC Lab ID#	Sample Description	Analysis Requested	Amount Received (g)

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:

**For Lab use Only:**

Date & Time Received:	Temp:	Received by:	Date Tested:	Ref #:
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OWTC Lab ID#	Amount Received	Matrix	Sample Description	Amount Provided	Analysis Requested <small>(15g product required for Comprehensive Pathogen Scan. Additional product may be required for additional testing)</small>
Lab use Only			Client Use		

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