

# Ontario Water Testing Centre - Shelf Life Sample Requisition Form

**Invoice Information:**

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

**Report Information to:**

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

<b>Sample Description:</b>	<b>What is Required:</b> 75 gram sample for each test frequency timepoint	<b>PO#:</b>
<b>Date &amp; Time Sampled:</b>	<b>Study Duration:</b>	<b>Storage Temperature Requirement:</b>
		<b>Relinquished by:</b>

Test	Check Tests Required	Frequency of Testing
Aerobic Count		
Coliform Count		
<i>E. coli</i> Count		
<i>S. aureus</i> Count		
Yeast & Mold Count		
Salmonella Detection		
<i>L. monocytogenes</i> Detection		
Physical Inspection (bloating, odour, colouration, visible mold, water)		
pH		
Water Activity & Content		
Other:		

**For Lab use Only:**

Date & Time Received:	Temp:	Received by:	Date Tested:	OWTC ID#:	Ref#:
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