

# Ontario Water Testing Centre

20 Currie Street Chatham, Ontario N7M 6L9  
 Phone: 519-351-8266 Email: Laboratory@OWTC.net  
 After-Hours: 519-917-2767



## Sample Requisition Form



**REF#**


**Invoice Information:**

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

**Report Information to**

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

Special Instructions:

Date Sampled:		Time Sampled:	Indicator Organism Enumeration					Pathogen Detection			 Accreditation #108668
OWTC #	Sample #	Sample Description	One Swab or 11 gram sample					One swab or 25 gram	One swab or 125 gram	One swab or 25 gram	
			Aerobic Count	Yeast & Mold	<i>S. aureus</i>	Coliform	<i>E.coli</i>	<i>Salmonella</i>	<i>Listeria spp.</i>	<i>E. coli</i> O157	

Date Tested: \_\_\_\_\_ Relinquished by: \_\_\_\_\_ Temp °C: \_\_\_\_\_ Received by: \_\_\_\_\_ Date & Time Received: \_\_\_\_\_