



FL DOH Certification No.: E861096-01  
US EPA Lab ID: FL01285

Title:  
**WATER SAMPLE SUBMISSION FORM  
FOR TOTAL COLIFORM AND E.COLI**

**CAPZER PHARMACEUTICALS**  
3677 23<sup>rd</sup> Ave. South, Suite A108  
Lake Worth, FL 33461  
P: 561-493-4000; F: 888-421-4181  
[www.capzerpharma.com/](http://www.capzerpharma.com/)

No.: **R&D-81016.01**

Version:01

Date: **05/17/2012**

- NOTE:**
1. Follow instruction as per SOP# QC-71012-MIC to collect the sample for microbial testing. Ask for a copy of SOP.
  2. Form must be completed with required information to be accepted by Capzer Pharmaceuticals except "LAB USE ONLY" part.
  3. Durable (water resistance) label should be used for proper labeling

Send Results To: (check all that apply)
<input type="checkbox"/> Attn:
Client/Vendor:
Address:
(City, State, Zip):
Phone:
<input type="checkbox"/> Fax:
<input type="checkbox"/> E-mail:

Send Invoice To: (check all that apply)
<input type="checkbox"/> Attn:
Client/Vendor:
Address:
(City, State, Zip):
Phone:
<input type="checkbox"/> Fax:
<input type="checkbox"/> E-mail:

Sample #	Location of Sample collection	Date/Time of Collection/ Collected By	Sample Type Ice/Water/others	Preservation Type (check only one)	LAB USE ONLY Condition Received
		Date: Time: By:		<input type="checkbox"/> Ambient <input type="checkbox"/> 4°C <input type="checkbox"/> -20°C	<input type="checkbox"/> Good <input type="checkbox"/> Damaged
		Date: Time: By:		<input type="checkbox"/> Ambient <input type="checkbox"/> 4°C <input type="checkbox"/> -20°C	<input type="checkbox"/> Good <input type="checkbox"/> Damaged
		Date: Time: By:		<input type="checkbox"/> Ambient <input type="checkbox"/> 4°C <input type="checkbox"/> -20°C	<input type="checkbox"/> Good <input type="checkbox"/> Damaged
		Date: Time: By:		<input type="checkbox"/> Ambient <input type="checkbox"/> 4°C <input type="checkbox"/> -20°C	<input type="checkbox"/> Good <input type="checkbox"/> Damaged

Disclaimer: Samples will be disposed after analysis completion unless otherwise requested.

Submission Date: \_\_\_\_\_ Test will be conducted by Colitag method.

Comments:

**FOR LAB USE ONLY**

Sample ID:	Client/Vendor #
Received Date:	Received Time:
Received By:	