MS-54 Page 1 of 1 Revision 54.6			Sample Submission Form												Emails to receive	
Impact Microbio 819 Royal Road			Sample Submission Form								Page of				technical report:	
			(Shaded Areas are for IMS use only)													
											Receive	d By				
			cton, NB E3G 6M1							Receiving Date Receiving Time						
		Email: lab@impa		ology.con	n							ŭ			1	
		·														
Company:	Company:			Phone:							Submission Date					
Contact:			Email:							PO#						
Address:			" "							Report No.						
			1												T	
	Sample ID	Sample													Additional Comments	
·		Date	1	2	3	4a	4b	5a	5b	6	7	8	Other	Other	or Instructions	
					Ana	ysis Re	quired K	ey								
1		Coliforms / E.coli										Yeast/molds				
2		Staphylococcus aureus										Clostridium perfringens				
3		Total bacteria count									Bacillus Cereus					

4b: Salmonella spp. Rapid

**5b**: Listeria monocytogenes Rapid

\*All information submitted to IMS is confidential and is legally protected by law. When required by law to release any confidential information, the customer will be notified in advance of the information to be released.

Other

Other

4a: Salmonella spp. Cultural

5a: Listeria monocytogenes Cultural

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