Microbe Inotech Labs, Inc.

Send **Report** to:
Attn:_____
Company:_____
Address: _____
_____
_____
_____
Phone: _____
Fax: _____

Authorized Signature:
_____
Date: _____

Send **Invoice** to:
Attn:_____
Company:_____
Address: _____
_____
_____
_____
PO Number: _____
Project Number:_____
Project Name: _____

Terms: Net 30 Days

Finance charges of 1.5% will be added to all overdue invoices

Signature and/or sample submission indicated acceptance of MiL, Inc.'s standard terms and conditions

Food or Consumer Grade Samples

Test Numbers

1. Total Plate Count
2. Total Coliforms
3. Yeast and Mold
4. Salmonella
5. Staph. Aureus
6. Listeria
7. E.Coli 0157:H7
8. Fecal Coliforms
9. pH
10. Identification of strains

Other tests available upon request.

SAMPLE NAME	DATE COLLECTED	TESTING DESIRED (Test number or other)

Check one:
[ ] Results to be sent overnight - extra shipping charge
[ ] Summary to be faxed, data sent by regular mail
[ ] Summary to be faxed, data sent overnight - shipping charge
[ ] Report to be e-mailed as attached file
E-mail address:_____
Preferred File Format & platform:_____

Send samples to :

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800-688-9144 • FAX: 314-645-2544 • info@microbeinotech.com