

# Environmental Bacteriology Swab Tests

Date rec'd. \_\_\_\_\_

Taken by _____	Date Collected _____
Place of Collection: <input type="checkbox"/> Hospital or Nursing Home <input type="checkbox"/> Restaurant <input type="checkbox"/> Other _____	Name of location _____
Special requests or comments: <input type="checkbox"/> Routine <input type="checkbox"/> Other analysis (discuss with laboratory before sampling)	

Please indicate return address below. Include postal code. If a stamp is used, stamp both parts.


**NOTE: Samples must be refrigerated and received by Laboratory within 24 hours of collection**

Lab no.	Type of Utensil Area Swabbed	Number of utensils or size of area	Count per Vial
1			
2			
3			
4			

Other Bacteriological Results	
1	
2	
3	
4	

Examined by _____	Checked by _____	Date reported _____
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