

Lab Use:

**PERFUSION
 HEATER/COOLER
 TESTING**



Aerobiology Client			
Field Contact		Collected By/Date:	Relinquished By/Date:
Reporting Address		Relinquished By/Date:	Received By/Date:
Billing Address		Sampler Type	N/A
Phone/Fax		PO#/Job#:	
Reporting Email (s)		Project Name:	
Routine TAT (5 - 6 Weeks)		Notes:	
		CC Info:	

Sample No.	Test Code	Sample Location	Total Volume/Area
1	1096/ 1142/ 3011/ 3056/ 6009.1		
2	1096/ 1142/ 3011/ 3056/ 6009.1		
3	1096/ 1142/ 3011/ 3056/ 6009.1		
4	1096/ 1142/ 3011/ 3056/ 6009.1		
5	1096/ 1142/ 3011/ 3056/ 6009.1		
6	1096/ 1142/ 3011/ 3056/ 6009.1		
7	1096/ 1142/ 3011/ 3056/ 6009.1		
8	1096/ 1142/ 3011/ 3056/ 6009.1		
9	1096/ 1142/ 3011/ 3056/ 6009.1		
10	1096/ 1142/ 3011/ 3056/ 6009.1		

3056	Heterotrophic Plate Count - Sorin	1096	Water Mycobacterium Culture & Total Bacterial Count
3011	E.coli / total coliforms (non-potable) - Sorin	6009.1	Pseudomonas aeruginosa Presence/Absence (PA)
1142	Mycobacterium speciation - Sorin		

ALL SORIN SAMPLES SHOULD BE SUBMITTED TO OUR VIRGINIA LABORATORY LOCATION LISTED BELOW MONDAY Thru WEDNESDAY
 43760 Trade Center Place, Suite 100, Dulles, VA 20166 - (877) 648-9150 Fax (877) 598-0946 - email: info@aerobiology.net