**NAME:**

**DESIGNATION:**

**ADDRESS:**

**TEL. / MOBILE NO: EMAIL: EMAIL:**

**COLLECTION DATE OF SAMPLE: NATURE OF SAMPLE:**

**SOURCE OF SAMPLE:**

**NOTE \*: Maximum 5 SAMPLE SUBMIT AT A TIME AND 3 ANALYSIS.**

|  |  |  |
| --- | --- | --- |
| **S.N.** | **Sample ID** | **Select test required by number from list e.g. 1,3,5** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |

**FOOD / ENVIRONMENTAL / COSMETIC / NATURAL AND PHARMACEUTICAL PRODUCTS**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Aerobic Plate Count |  | 8 | *Listeria* |  | 15 | *Clostridium perfringens* |  |
| 2 | Enterobacteriaceae |  | 9 | Lactobacilli |  | 16 | *E. sakazakii* |  |
| 3 | *E. coli* |  | 10 | Yeasts |  | 17 | *Shigella* |  |
| 4 | *Salmonella* |  | 11 | Molds |  | 18 | *Yersinia* |  |
| 5 | *Staph. aureus* |  | 12 | *Campylobacter* |  | 19 | *E. coli* O157 |  |
| 6 | Total Coliforms |  | 13 | *Pseudomonas* |  | 20 | *Vibrio* |  |
| 7 | *Bacillus cereus* |  | 14 | Fecal Coliforms |  | 21 | Other Tests \* |  |

**\*Other Tests:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WATERS**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A | Total Plate Count 22°C |  | E | Total Coliforms |  | I | Legionella Screen |  |
| B | Total Plate Count 35°C |  | F | Fecal Coliforms |  | J | *Pseudomonas* |  |
| C | Total Plate Count 37°C |  | G | *E. coli* |  | K | *Staph. aureus* |  |
| D | Total Plate Count 55°C |  | H | Enterococci |  | L | Sulphite Reducing Clostridia |  |

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Signature---------------------------- Date-------------------------

King Saud University College of Pharmacy Central Lab General Microbiology Unit Submission Form

**For Office Use Only**

**S. No. \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**GENERAL MICROBIOLOGY SAMPLE SUBMISSION FORM**