



55 RAILROAD AVENUE RIDGEFIELD, NJ 07657  
 Phone: 201.313.3353 Fax: 201.313.3354 WWW.QUALIMAXLLC.COM

**ORDER FORM FOR MICROBIOLOGICAL TESTING**

Date Tested: \_\_\_\_\_ Company: \_\_\_\_\_  
 Date Test Completed: \_\_\_\_\_  
 Date Sent: \_\_\_\_\_  
 Preliminary Test Results: Ok  Fail  Date: \_\_\_\_\_

#	Sample Description	Customer Lot Number	# of Samples	Manufacturing Date	Type of Test	Qualimax ID #
1						
2						
3						
4						
5						
6						
7						
8						

**RESULTS**

#	TBC/gm (ml)	BROTH ENRICHMENT			TMC/gm (ml)	TYC/gm (ml)	Salmonella	Coliform	E. Coli	Staph. Test	Pseudomonas	
		Count	GM (+) B	GM (+) C								GM Neg.
1												
2												
3												
4												
5												
6												
7												
8												

Legends: NG: No Growth, Gm: Gram, Gm (+) B: Gram Positive Bacilli, Gm (+) C: Gram Positive Cocci, Gm Neg: Gram Negative, TMC-TYC: Total Mold-Yeast Count, TBC: Total Bacterial Count, Neg: Negative, TNTC: Too Numerous To Count.

Tested By: F.K. Arvanaghi Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

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