	PHILIPPINE NATIONAL COLLECTION OF MICROORGANISMS	Doc. No.: FS-1
	National Institute of Molecular Biology & Biotechnology (BIOTECH)	Rev.: 9
	University of the Philippines Los Baños	Supersedes: F-XXVI-A
	College, Laguna 4031, Philippines	
	PNCM FORMS	Date of Effectivity: 26 Apr 2021
	SERVICE REQUEST FORM	Page No.: 1 of 2

PHILIPPINE NATIONAL COLLECTION OF MICROORGANISMS
Tel No. +63-49-536-2721 | CP No. +63-946-2001853 | E-mail: pncm.uplb@up.edu.ph

DATE: 06/24/2022

PNCM NO.:

CUSTOMER DETAILS:
(Please check which detail/s to use in test report)

☐ Name
☐ Home Address
☐ Business/Company Name
☐ Business/Company Address

NAME: Marcus M. Saralde

HOME OR BUSINESS/ COMPANY NAME AND ADDRESS: Polytechnic University of the Philippines
1016 Anonas, Sta. Mesa, Maynila, Kalakhang Maynila

CONTACT NUMBER/S: 09336542264

E-MAIL: mmsaralde.pro@gmail.com

SERVICE REQUESTED: (please ✓ all that apply)

Foods (Meat and poultry products; fruits, vegetables, nuts, and seeds; milk and dairy products; fats, oils and oil emulsions; confectioneries and bakery products)*

Test	WI/Method**	Samples Covered (SN)
☐ Aerobic Plate Count		
☐ Yeast and Mold Count		
☐ Detection and Count of Lactic Acid Bacteria		
☐ Enterococcal Count/ Fecal Streptococci Count		
☐ Detection and Count of Enterobacteriaceae		
☐ Detection and Count of Total Coliforms		
☐ Detection and Count of Fecal Coliforms		
☐ Detection and Count of E. coli		
☐ Detection of Salmonella spp.		

Microbial Cultures (Bacteria, Yeast and Fungi)*

Test	WI/Method**	Samples Covered (SN)
☐ Identification		

Biological Products (Biofertilizers, biopesticides, and others)*

Test	WI/Method**	Samples Covered (SN)
☐ Detection and Count of Trichoderma spp.		

*Services Under PNCM's Scope of Accreditation (ISO/IEC 17025:2017)

**Method to be employed, to be filled out by PNCM Staff:

SM1 – Standard, Spread SM4 – Standard, Automated
SM2 – Standard, MPN SM5 – Other (specify)
SM3 – Standard, Filtration CUP – customer-provided (attach protocol)

Note: Indicate WI Document No. (see WI Manual)

***Other Services offered not under PNCM's Scope of Accreditation

Waters (Potable waters; Non-potable waters sewage; Effluents and trade waters; Cooling water; Industrial waters (treated, circulating); Swimming and spa pools; Marine waters; Environmental waters; Source water)*

Test	WI/Method**	Samples Covered (SN)
☐ Heterotrophic Plate Count (HPC)		
☐ HPC + Detection of Total Coliforms		
☐ HPC + Detection of Total & Fecal coliforms		
☐ HPC + Detection of E. coli		
☐ Detection of Total Coliforms		
☐ Detection of Fecal Coliforms		
☐ Detection of E. coli		
☐ Detection of Fecal Streptococci		
☐ Detection of Pseudomonas aeruginosa		

Efficacy of Biocides*

Test	WI/Method**	Samples Covered (SN)
☐ Quantitative Suspension Test for the Evaluation of Bactericidal Activity		
☑ Antimicrobial Cylinder Cup Plate Assay (modified Kirby-Bauer method)		

Test Organism/s:

S. aureus

Controls (e.g. diluent/solvent):

Water

Culture Safety Deposit*

Type of Deposit	Samples Covered (SN)
☐ Culture safety deposit (minimum of 5 Cultures deposited) (per isolate)	
☐ Culture safety deposit (less than 5 cultures deposited) (per isolate)	

Microbial Detection and Counts for Other Samples*

Test	WI/Method**	Samples Covered (SN)
☐ Isolation		
☐ Bacterial Count		
☐ Total Count and Evaluation of Microflora		
☐ Detection and Count of Total Coliforms		
☐ Detection and Count of Fecal Coliforms		
☐ Detection and Count of E. coli		
☐ Detection of Salmonella spp.		
☐ Detection of Bacillus cereus		
☐ Detection and count of Bacillus subtilis		
☐ Detection of Enterobacteriaceae		
☐ Enterococcal Count/ Fecal Streptococci Count		
☐ Detection and count of Trichoderma spp.		
☐ Detection and count of Azospirillum spp.		
☐ Detection and count of Streptomyces spp.		
☐ Detection and count of Lactic Acid Bacteria		
☐ Others (specify): _____		

Lyophilization*

Test	Samples Covered (SN)
☐ Aerobic cultures (6 ampoules)	
☐ Bulk L-drying (per day)	

Training Services*

Type of Training	Scope/Coverage
☐ Microbiological Tests	
☐ Culture Collections	
☐ Quality Control	

Number of participants: _____

SAMPLE DESCRIPTION:
Sample type, name, number, code and dilution(s) if applicable
(use additional information box if necessary)

Sample Number (SN)	Sample Name/Code	Sample Type (e.g. solid, powder, liquid, etc.)	Dilution/s & Other Relevant Info.
S1			
S2			
S3			
S4			

REASON FOR ANALYSIS:
(please ✓ all that apply)

☐ Compliance with legal/regulatory standards
☐ Initial testing for sample properties
☐ Contamination Case
☐ Routine surveillance
☑ Research
☑ Thesis/Dissertation
☐ Others:_____
_____
_____

SAMPLE RECEIPT (please ✓)

Submitted by (Name): _____
Received by (initials and signature): _____
Date Received: _____
Manner received: ☐ Personal ☐ Via Courier
Sample condition: ☐ Satisfactory ☐ Unsatisfactory

TECHNICAL ANALYST/S
(initials & signature):

SAMPLE STORAGE AND HANDLING CONDITIONS:
☐ Room temperature
☐ Refrigerated (4-10°C)
☐ Frozen (☐ -20°C or ☐ -80°C)
☐ Others: _____

☐ Storage Location: _____
_____
_____

SAMPLE DISPOSAL:
☐ Return to customer after analysis, Date Returned: _____
☐ Lab Protocol, Date Disposed: _____
☐ Transfer to: _____
Transfer Date: _____
Date transferred: _____

To be filled-out by PNCM Staff

TEST REPORT DETAILS (please ✓ one from A to C and that which applies in D & E):

A. On the Manner of Reporting the Test Results
☐ **Standard Format** (includes only the test results, without remarks or interpretation of results)
✔ **Detailed Format** (includes remarks, results interpretation and/or conformity statements)

B. On Collating Test Results from Different Tests or Samples
✔ **Unified Report** (applies to sample(s) with multiple tests, results of all tests or samples in one report)
☐ **Separate Reports** (applies to sample(s) with multiple tests, results of tests or samples are to be in separate reports)

C. E-mail Test Report: ✔ **Yes** ☐ **No**
   If yes, is physical copy required? _____

D. Sample/s Detail to be Reported
Sample Number (if multiple and separate reports)
☐ one per report without indicating total number
✔ one per report but indicating total number of samples

Use: ☐ Company Code   ✔ Sample Name
Indicate: ☐ Dilutions   ☐ Condition of Sample upon receipt (if not acceptable)
☐ Others: _____

E. Measurement Uncertainty (MU)
✔ Include in the Test Report, if applicable
☐ Do not include in the Test Report, but provide customer with copy
☐ Do not include in the Test Report, not needed by customer

ADDITIONAL SAMPLE/INFORMATION/INSTRUCTIONS/REMARKS:

TERMS AND CONDITIONS:

DATA RETENTION:

Lab Protocol (5 years)
CONFIDENTIALITY AGREEMENT (ISO 17025:2017 Clause 4.2):

All customer information and information obtained from the test shall remain confidential.

Confidential information may be released when required by law or contractual arrangements. The laboratory shall notify the customer of the information provided, unless prohibited by law.

The laboratory shall not use customer information for marketing purposes.

SPECIAL AGREEMENTS WITH CUSTOMER *(e.g. test requirements, changes in schedule, etc.)*

☐ Samples to be tested despite not meeting test requirements (e.g. unacceptable sample condition)

☐ Others (specify): _____
_____

☐ Change in Processing Schedule/Release of Test Results (specify): _____

STATEMENT OF ACCOUNT (SOA)

Service Code (SC)	Service(s) Requested	Unit Cost (PhP)	Quantity	Total Charges (PhP)
A				
B				
C				
D				
E				
F				
G				
H				
I				
J				
TOTAL AMOUNT				

DEPOSIT:	**O. R. NO.:**
BALANCE:	**O. R. NO.:**

CONFORME:	**APPROVED BY:**
Marcus M. Saralde Signature above Customer Name	**ROSARIO G. MONSALUD, Ph.D.** Laboratory Manager, PNCM