



PHILIPPINE NATIONAL COLLECTION OF MICROORGANISMS
National Institute of Molecular Biology & Biotechnology (BIOTECH)
University of the Philippines Los Baños
College, Laguna 4031, Philippines

PNCM FORMS
SERVICE REQUEST FORM

Doc. No.: FS-1
Rev.: 9
Supersedes: F-XXVI-A
Date of Effectivity: 26 Apr 2021
Page No.: 1 of 2

PHILIPPINE NATIONAL COLLECTION OF MICROORGANISMS

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DATE:

PNCM NO.:

CUSTOMER DETAILS:

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

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

NAME:

**HOME OR BUSINESS/
COMPANY NAME AND ADDRESS:**

CONTACT NUMBER/S:

E-MAIL:

SERVICE REQUESTED: (please ✓ all that apply)

Food (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)
<input type="checkbox"/> Aerobic Plate Count		
<input type="checkbox"/> Yeast and Mold Count		
<input type="checkbox"/> Detection and Count of Lactic Acid Bacteria		
<input type="checkbox"/> Enterococcal Count/ Fecal Streptococci Count		
<input type="checkbox"/> Detection and Count of Enterobacteriaceae		
<input type="checkbox"/> Detection and Count of Total Coliforms		
<input type="checkbox"/> Detection and Count of Fecal Coliforms		
<input type="checkbox"/> Detection and Count of <i>E. coli</i>		
<input type="checkbox"/> Detection of <i>Salmonella</i> spp.		

Microbial Cultures (Bacteria, Yeast and Fungi)*

Test	WI/Method**	Samples Covered (SN)
<input type="checkbox"/> Identification		

Biological Products (Biofertilizers, biopesticides, and others)*

Test	WI/Method**	Samples Covered (SN)
<input type="checkbox"/> Detection and Count of <i>Trichoderma</i> 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)
<input type="checkbox"/> Heterotrophic Plate Count (HPC)		
<input type="checkbox"/> HPC + Detection of Total Coliforms		
<input type="checkbox"/> HPC + Detection of Total & Fecal coliforms		
<input type="checkbox"/> HPC + Detection of <i>E. coli</i>		
<input type="checkbox"/> Detection of Total Coliforms		
<input type="checkbox"/> Detection of Fecal Coliforms		
<input type="checkbox"/> Detection of <i>E. coli</i>		
<input type="checkbox"/> Detection of Fecal Streptococci		
<input type="checkbox"/> Detection of <i>Pseudomonas aeruginosa</i>		

Efficacy of Biocides***

Test	WI/Method**	Samples Covered (SN)
<input type="checkbox"/> Quantitative Suspension Test for the Evaluation of Bactericidal Activity		
<input type="checkbox"/> Antimicrobial Cylinder Cup Plate Assay (modified Kirby-Bauer method)		

Test Organism/s:

Controls (e.g. diluent/solvent):

Culture Safety Deposit***

Type of Deposit	Samples Covered (SN)
<input type="checkbox"/> Culture safety deposit (minimum of 5 Cultures deposited) (per isolate)	
<input type="checkbox"/> Culture safety deposit (less than 5 cultures deposited) (per isolate)	

Microbial Detection and Counts for Other Samples***

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

Lyophilization***

Test	Samples Covered (SN)
<input type="checkbox"/> Aerobic cultures (6 ampoules)	
<input type="checkbox"/> Bulk L-drying (per day)	

Training Services***

Type of Training	Scope/Coverage
<input type="checkbox"/> Microbiological Tests	
<input type="checkbox"/> Culture Collections	
<input type="checkbox"/> 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



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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:

Signature above Customer Name

ROSARIO G. MONSALUD, Ph.D.
Laboratory Manager, PNCM