



JOF-BMRS _____ MICROBIOLOGICAL ANALYSIS JOB ORDER

CUSTOMER INFORMATION

Date	:	_____	Phone/Fax Number:	_____
Company	:	_____	Email address:	_____
Address	:	_____	Contact person in case of question regarding analysis:	_____
Applicant	:	_____		_____
Designation	:	_____		_____

APPLICATION DETAILS

Sample Type	:	_____	Analysis Requested:	
Packaging Type	:	_____	<input type="checkbox"/> Aerobic Plate Count (APC)	
Number of Samples	:	_____	<input type="checkbox"/> Molds and Yeasts Count (MYC)	
Sample Description	:	_____	<input type="checkbox"/> Bioburden (BIO)	
PNRI Code		Lot Number(s)/Batch Number(s)	<input type="checkbox"/> Sterility Testing (STT)	
_____		_____	<input type="checkbox"/> MPN-Presumptive Test for Coliforms (PTC)	
_____		_____	<input type="checkbox"/> Others, please specify: _____	
_____		_____	Purpose of Analysis:	
_____		_____	<input type="checkbox"/> Export	<input type="checkbox"/> Local Market
_____		_____	<input type="checkbox"/> Regulatory	
_____		_____	<input type="checkbox"/> Research	
_____		_____	<input type="checkbox"/> Others, please specify _____	
_____		_____	Samples to be returned?	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____		_____		
_____		_____		

TERMS AND CONDITIONS

1) Results of analysis will be released on _____	<p>I have read and agreed with all the terms and conditions stated upon and other supplementary provisions regarding special conditions and/or agreements.</p> <p>_____ Date _____ Signature of Applicant/Authorized Representative over Printed Name</p> <p>Approved:</p> <p>_____ Date _____ CELIA O. ASAAD Head, Biomedical Research Section</p>
2) Results will be released only to the customer who entered the job or to an authorized representative upon presentation of written authorization (see reverse side of this form), valid ID, and the official receipt.	
3) If no complaints regarding the results of the analysis are received within one (1) week after release of analysis report, these shall be considered acceptable and samples can be disposed off.	
4) Analysis report not claimed after 30 days will be disposed off.	
5) The Institute is implementing CASH PAYMENT POLICY. The services being requested will be provided only upon presentation of the official receipt.	

To be filled up by BMRS Staff:

Sample Received by: _____

Sample Encoded by: _____

PAYMENT DETAILS:

Cost of Analysis: _____

Additional Costs: _____

Total Cost: _____

Official Receipt Number: _____