

OMEGA BIOLOGICAL LABORATORY, INC.

(FDA REG.)

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Report

M-0003

CLIENT: PTM			DATE SENT: 2025-09-29		
TYPE OF TEST: DFHGBHW		SAMPLE TYPE: HGFDSH		FORMULA #: HSGFDH	
DESCRIPTION: HDSGH					
LOT #: HSDGHDS			MANUFACTURE DATE: 2025-09-29		
TEST SOP #: getr			DATE TESTED: 2025-10-01		
PRELIMINARY RESULTS: tet		PRELIMINARY RESULTS DATE: 2025-10-01			
DATE COMPLETED: 2025-10-01					

TBC / TFC RESULTS:

TYPE OF TEST	DILUTION	GRAM STAIN	RESULT	SPECIFICATION
Total Bacterial Count:	x 10^0	teter	tertert CFU/ml	GDSFG
Total Mold & Yeast Count:	x 10^0	wrerw	rwere CFU/ml	GDFGD

PATHOGEN SCREENING (Please check the organism to be tested)

ORGANISM	RESULT			SPECIFICATION
<input checked="" type="checkbox"/> E.coli	<input type="checkbox"/> Absent	<input checked="" type="checkbox"/> Present	in 11g of sample	Absent
<input checked="" type="checkbox"/> P.aeruginosa	<input checked="" type="checkbox"/> Absent	<input type="checkbox"/> Present	in 11g of sample	Absent
<input checked="" type="checkbox"/> S.aureus	<input type="checkbox"/> Absent	<input checked="" type="checkbox"/> Present	in 11g of sample	Absent
<input type="checkbox"/> Salmonella	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	in 11g of sample	
<input type="checkbox"/> Clostridia species	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	in 11g of sample	
<input type="checkbox"/> C.albicans	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	in 11g of sample	
<input type="checkbox"/> B.cepacia	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	in 11g of sample	
<input type="checkbox"/> Other	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	in 11g of sample	

DENOTES: NA (Not Applicable) / N.G. (No Growth) / GM.(+)B Gram (+) Bacilli / GM.(+)C Gram (+) Cocci / GM.NEG Gram Negative / NT (Not Tested) / TNTC (Too Numerous To Count).

Comments:werewrw

TESTED BY: RWERWe	REVIEWED BY: GDGD
DATE: 2025-10-01	DATE: 2025-10-01

This report is confidential and intended only for the recipient.

Report ID
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