

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
cmg5jzwb8007u129o5q4kcc3c
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Scan to open in LIMS

