

Company / Client name		Email	
Contact person		PO number (if applicable)	Tel
Sampling Date ____ / ____ / 20__		Analysis Date (laboratory use) ____ / ____ / 20__	
Please select	One test report per sample <input type="checkbox"/>	Tests can be grouped into one report <input type="checkbox"/>	
Analysis Requested	Volume required	Please mark the required analysis	Water source / Sample description
Drinking water micro (includes total coliforms, E. coli and Heterotrophic plate count)	250 mL		
Waste water micro (Includes faecal coliforms and E. coli)	250 mL		
Total coliforms*	150 mL		
Faecal coliforms*	150 mL		
E. coli*	150 mL		
Heterotrophic plate count	150 mL		
Heterotrophic plate count (22°C)	150 mL		
Yeast and Mould	150 mL		
Total Plate Count	150 mL		
Total Plate Count (Variable Temp)	150 mL		
Pseudomonas Aeruginosa	150 mL		
Enterococcus faecalis	150 mL		
Faecal Streptococcus	150 mL		
Clostridium perfringens	150 mL		
Staphylococcus aureus	150 mL		
Salmonella typhirium	150 mL		
Micrococcus luteus	150 mL		
Proteus vulgaris	150 mL		
Proteus mirabilis	150 mL		
Klebsiella pneumoniae	150 mL		
Shigella sonnei	150 mL		
Salmonella typhi	150 mL		
Vibrio cholerae	150 mL		
Vibrio parahaemolyticus	150 mL		
Legionella pneumophila	150 mL		
Legionella dumoffii	150 mL		
Somatic coliphages	200 mL		
PCR: Cryptosporidium*	1 L		
PCR: Giardia*	1 L		
PCR: Legionella*	1 L		
PCR: Enteric viruses	1 L		
Dilutions are made of turbid samples. Sample volumes provided are an estimation enabling us to filter the sample directly and make dilutions if necessary.			
SMS MY RESULTS			

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