



HOLMES LABORATORY, INC.

3559 US RT. 62

MILLERSBURG, OH 44654
330-893-2933 * 330-893-1326

www.holmeslab.com * testing@holmeslab.com

Office Use Only:

Account #: _____

Produce Growers Water Bacteria Information Sheet

(This must be completed for a
GLP guaranteed analysis)

PLEASE PRINT

For instructions on how to sanitize,
collect and submit a sample, see page below.

Send Results to Name: _____

Address: _____

City: _____ St: _____ Zip: _____

E-mail To: _____

Phone: _____ Fax: _____

PLEASE

SEND RESULTS BY:

Reg. Mail: _____

Fax: _____

E-mail: _____

Lab Use Only

Name & Grower #: _____

Lab Number

Supply Name: _____

(Example: Well, Spring, Pond, etc)

County: _____

Date Collected: _____ MM/DD/YY Time Collected: _____ hh:mm am/pm

Sample must arrive within 24 Hrs. of collection, M-Thurs. 9-4 & Fri. 9-12 (Noon)

Lab Use Only

Name & Grower #: _____

Lab Number

Supply Name: _____

(Example: Well, Spring, Pond, etc)

County: _____

Date Collected: _____ MM/DD/YY Time Collected: _____ hh:mm am/pm

Sample must arrive within 24 Hrs. of collection, M-Thurs. 9-4 & Fri. 9-12 (Noon)

Payment Information:

Payment Must Be Included With Sample(s)

Payable to Holmes Lab., Inc.

Cash: _____ Check # _____

Credit Card:

VISA ___ MC ___ DISC. ___ AMX. ___

Exp. Date: _____

Amount: \$ _____

Lab Use Only:

Received Date: _____

Analysis Start:

Date: _____

Time: _____

Analysis End:

Date: _____

Time: _____

Analyst #: _____

Test "Q" \$ 48.00 per sample