

ENROLMENT FORM

INTERNATIONAL LABS (NON SA) - MAY & NOVEMBER 2010

Pathology Group:

Lab Name:

Lab Contact Person:

Telephone No: Fax No:

E-mail Address:

Sample Delivery Address: **Samples can only be delivered to a Physical Address**

Accounts Contact Person:

Telephone No: Fax No:

E-mail Address:

Invoice Postal Address:

Order Number: Date:

**PRICES EXCLUDE VAT
CYCLE DURATION: 6 MONTHS**

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MONTH 1	ORGANISM NAME	CAT NO:	COST IN RAND (PER VIAL)	NUMBER OF VIALS
1	Coliform Count	COLC	697	
2	Listeria	LIST	697	
3	Campylobacter	CAPL	697	
MONTH 2				
4	E. coli	ECOL	697	
5	Staphylococcus	STAPH	697	
MONTH 3				
6	Lactic acid bacteria	LACA	697	
7	Bacillus cereus	BACC	697	
8	Shigella	SHIG	697	
MONTH 4				
9	Yeast and Moulds	YEMUL	697	
10	Salmonella	SALM	697	
MONTH 5				
11	Clostridium perfringens	CLOSP	697	
12	Enterococcus	ENTCO	697	
13	Enterobacteriaceae	ENBAC	697	
MONTH 6				
14	Faecal Coliforms	FCOL	697	
15	Vibrio	VIBR	697	
16	Pseudomonas	PSEU	697	

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