

ENROLMENT FORM

NATIONAL ENROLMENTS FOR 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**

ENROLMENT FORM

NATIONAL ENROLMENTS FOR MAY & NOVEMBER 2010

MONTH 1	ORGANISM NAME	CAT NO:	COST IN RAND (PER VIAL)	NUMBER OF VIALS
1	Coliform Count	COLC	645	
2	Listeria	LIST	645	
3	Campylobacter	CAPL	645	
MONTH 2				
4	E. coli	ECOL	645	
5	Staphylococcus	STAPH	645	
MONTH 3				
6	Lactic acid bacteria	LACA	645	
7	Bacillus cereus	BACC	645	
8	Shigella	SHIG	645	
MONTH 4				
9	Yeast and Moulds	YEMUL	645	
10	Salmonella	SALM	645	
MONTH 5				
11	Clostridium perfringens	CLOSP	645	
12	Enterococcus	ENTCO	645	
13	Enterobacteriaceae	ENBAC	645	
MONTH 6				
14	Faecal Coliforms	FCOL	645	
15	Vibrio	VIBR	645	
16	Pseudomonas	PSEU	645	

ENROLMENT FORM

NATIONAL ENROLMENTS FOR MAY & NOVEMBER 2010