

## Bedding Submission Form

Please ensure that this form is completed fully and accurately. Missing, erroneous or incomplete data may result in delays in sending final reports. Samples must be sent in full compliance with the relevant postal regulations. Samples must be received at the laboratory in a timely manner, if this is not possible a repeat sample may be required.

### Client Details:

Company name and address:

Site name and address:



Tel:

Fax:

E-Mail:

### Additional Information:

Date of sampling:	<input type="text"/>
Sampled by:	<input type="text"/>

TVC:  Salmonella:  Campylobacter:   
 Aspergillus fumigatus:  E.coli/Coliforms:   
 Pseudomonas:  Yeast/Mould:   
 Other\*:

\*If other please specify below:

### Sample Details:

Sample	House	Further details if applicable	Sample	House	Further details if applicable
1			4		
2			5		
3			6		

Please label containers and complete the sampling information above. Further sampling instructions are available on request.

Please send me a replacement sampling kit

Please note that **all diagnostic samples** are to be returned to:

**Newbridge Scientific**  
**Castle House**  
**Dale Road**  
**Sheriff Hutton, York**  
**YO60 6RZ**