



Sent from:	Sent to:
	Deibel labs of Idaho
	450 4th Ave West
	Twin Falls ID 83301

DATE SUBMITTED:	
P.O. #:	
DEIBEL CONTACT:	

Service Calls, please check all that apply:	Voice mail is fine	Must reach a live person
Presumptive Pathogens		
Out of specification Results		
Other requests (please specify):		

CHECK ALL THAT APPLY	YES	NO
RESULTS ARE TO BE FAXED		
RESULTS ARE TO BE E-MAILED		
RESULTS ARE TO BE MAILED		

Sample Description	Test									Special Instructions
	Method									
	Specification									
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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LABORATORY USE ONLY		Condition Received: (check all that apply)					
Received By:		Frozen		Refrigerated		Ambient	Hot
Date:		Good		Poor		Poor	Delayed in Shipping
Receiving Temperature:							