



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

<b>DATE SUBMITTED:</b>	
<b>P.O. #:</b>	
<b>DEIBEL CONTACT:</b>	

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"/>	
	<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:							