



LAB REF.:

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Client's ID: DSS-C

FOR NEW CLIENT	Name of Company:	Address:
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Client's Ref.:	Sender's Name:	Contact No.: (O)	(HP)
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Food (F) Water (W) Pharmaceutical (P) Cosmetic (C) Swab (S) Air monitoring (AM) Not Applicable

No.	Code	Test	Charges per sample	Type of Matrix (Please state number of samples)						Total Amount (B\$)
				F	W	P	C	S	AM	
1	CMIC-A001	Total Plate Count	\$50.00							
2	CMIC-A002	Total Coliform and <i>E.coli</i> Count	\$50.00							
3	CMIC-A003	Yeast and Mould Count	\$50.00							
4	CMIC-A004 (PCR)	Detection of <i>Salmonella</i> species	\$150.00							
5		Detection of <i>Vibrio</i> species	\$150.00							
6		Detection of <i>Listeria monocytogenes</i>	\$150.00							
7		Detection of <i>S. aureus</i>	\$150.00							
8		Detection of <i>B. cereus</i>	\$150.00							
9		Detection of <i>Legionella pneumophila</i>	\$150.00							
10	CMIC-A005 (Conventional Method)	Detection of <i>Salmonella</i> species	\$100.00							
11		Detection of <i>Vibrio</i> species	\$100.00							
12		Detection of <i>Listeria monocytogenes</i>	\$100.00							
13		Detection of <i>S. aureus</i>	\$100.00							
14	CMIC-A006	Bacterial Endotoxin Test	\$100.00							
15	CMIC-A007	Enumeration of <i>S. aureus</i>	\$50.00							
16	CMIC-C001	Enumeration of <i>B. cereus</i>	\$50.00							
17	CMIC-C002	Enumeration of <i>P. aeruginosa</i>	\$50.00							
18	CMIC-B002	Commercial Sterility	\$30.00							
19	CMIC-E001	Others (Please state:)	\$50.00							
Total Amount (B\$)										

OTHERS		CHARGES	QUANTITY	Total Amount (B\$)
CDSS-001	Issuance of Certified True Copy of Analyst Certificate or Calibration Certificate	\$50.00 / copy		
CDSS-007	Sampling containers	\$10.00 / bottle		
Total Amount (B\$)				



Note: If 10 pathogens, charges below will be applicable. 1 – 5 samples = \$600.00 6 – 10 samples = \$150.00 x 5 = \$750.00 (Subsequent samples will be charged individually) TOTAL CHARGES = \$1350.00			OTHERS						
			Type of Matrix [Please tick (/)]						
			FOOD ()	WATER ()	PHARMACEUTICAL ()	COSMETIC ()			
			Type of Tests (Please state number of samples)						Total Amount (B\$)
			Detection of Salmonella species	Detection of Vibrio species	Detection of Listeria monocytogenes	Detection of S. aureus	Detection of B. cereus	Fungi Identification	
CMIC-A008	Bacterial Identification (Genetic Analyser)	\$600.00 per 5 samples or part thereof,							
CMIC-A009	Fungi Identification (Genetic Analyser)	\$150.00 per organism thereafter							
CMIC-D001	<i>Legionella pneumophila</i> Screening & Confirmation	\$500.00 per 3 samples or part thereof, \$150.00 per organism thereafter	WATER SAMPLE/S ONLY						
Total Amount (B\$)									

Checked and received by (Name):	Initial:	Date:	Time:	AM / PM*
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CHARGE OF ANALYSIS
Total Cost Payable B\$ _____
Note: Cheque payment should be crossed and made payable to "Government of Negara Brunei Darussalam"

FOR DSS ADMINISTRATION OFFICE		
Payment Received by (Name):	Initial:	Receipt Stamp:
Invoice No.:		

Received by MIC Serasa (Name):	Initial:	Date:	Time:	AM / PM*
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RESULT'S COLLECTION				
Client's Name:	Initial:	Date:	Time:	AM / PM*
Released by (Name):	Initial:	Date:	Time:	AM / PM*

FOR MIC OFFICER				
Checked and verified by (Name and designation):	Initial:	Date:	Time:	AM / PM*

*Please circle