



Commonwealth Drive, Jalan Menteri Besar,
Berakas BB3910 Negara Brunei Darussalam.

Tel.No.: 2382424
Fax No.: 2381946

FOR RECEIVING STAFF ONLY				
Lab Ref.:	Name:	Initial:	Date:	Time: AM / PM*

- I hereby declared that the information(s) below is/are correct.
- I hereby have read and understood the Receiving procedures for food, water, swab, pharmaceutical and cosmetic samples by government agencies (MIC(P)-001) and Rejection Procedure for food, water, pharmaceutical and cosmetic samples (MIC(P)-003) by Microbiology Section, DSS.
- I understand that the Department of Scientific Services shall ensure the protection of my confidential information and proprietary rights.

FOR NEW CLIENT ONLY	
Company's Name & Address:	

Client's ID: DSS-C	Client's Ref.:	Sender's Name:	Signature:	Date:	Time: AM / PM*
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Sample Ref. No.	Sample Description	Origin / Place of Sampling	Quantity	Sampling		*Sample Condition	*Test(s) Requested		
				Date	*Time		SA	SAL	TPC
						Ambient Chilled Frozen	SA YM	SAL Others:	TPC
						Ambient Chilled Frozen	SA YM	SAL Others:	TPC
						Ambient Chilled Frozen	SA YM	SAL Others:	TPC
						Ambient Chilled Frozen	SA YM	SAL Others:	TPC

*Please circle



Sample Ref. No.	Sample Description	Origin / Place of Sampling	Quantity	Sampling		*Sample Condition	*Test(s) Requested			
				Date	* Time		SA	SAL	TPC	
						AM	Ambient	SA	SAL	TPC
						PM	Chilled	YM	Others:	
							Frozen			
						AM	Ambient	SA	SAL	TPC
						PM	Chilled	YM	Others:	
							Frozen			
						AM	Ambient	SA	SAL	TPC
						PM	Chilled	YM	Others:	
							Frozen			
						AM	Ambient	SA	SAL	TPC
						PM	Chilled	YM	Others:	
							Frozen			
						AM	Ambient	SA	SAL	TPC
						PM	Chilled	YM	Others:	
							Frozen			
						AM	Ambient	SA	SAL	TPC
						PM	Chilled	YM	Others:	
							Frozen			

*Please circle