



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**
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- 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), Receiving procedures for food, water and swab samples from paying clients (MIC(P)-002) and Water Sample Acceptance Criteria (MIC(G)-WSA) 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	Volume	Qty	Sampling		Sampling Location / Point	**Sample Condition		**Test (s) requested				
				Date	**Time		Sealed Repacked	Ambient Chilled Frozen	TPC	TCC	VIB	PSE	
					AM PM							TPC	TCC
					AM PM					SAL	SA	LEG	ENDO
					AM PM					OTHERS:			
					AM PM					TPC	TCC	VIB	PSE
					AM PM					SAL	SA	LEG	ENDO
					AM PM					OTHERS:			
					AM PM					TPC	TCC	VIB	PSE
					AM PM					SAL	SA	LEG	ENDO
					AM PM					OTHERS:			

* (M) Mains chlorinated water (DW) Drinking water (R) Renal treated water (S) Swimming pool water (RW) Raw water

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						AM PM			OTHERS:			
						AM PM			TPC	TCC	VIB	PSE
						AM PM			SAL	SA	LEG	ENDO
						AM PM			OTHERS:			
						AM PM			TPC	TCC	VIB	PSE
						AM PM			SAL	SA	LEG	ENDO
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						AM PM			TPC	TCC	VIB	PSE
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					AM PM		Sealed Repacked	Ambient Chilled Frozen	TPC	TCC	VIB	PSE
					AM PM		Sealed Repacked	Ambient Chilled Frozen	SAL	SA	LEG	ENDO
					AM PM		Sealed Repacked	Ambient Chilled Frozen	OTHERS:			
					AM PM		Sealed Repacked	Ambient Chilled Frozen	TPC	TCC	VIB	PSE
					AM PM		Sealed Repacked	Ambient Chilled Frozen	SAL	SA	LEG	ENDO
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					AM PM		Sealed Repacked	Ambient Chilled Frozen	TPC	TCC	VIB	PSE
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