



# Sample Submission Form

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 Call or Email with Questions:  
 (802) 540-0148 [laboratory@biadiagnostics.com](mailto:laboratory@biadiagnostics.com)

Company Name:	Contact Name:	Bia Account Number:
Billing Address:	Mailing Address:	Phone #:
		Billing Email:

Email Address where Results will be sent:

[All results will be shared only with the parties listed on this form unless Bia Diagnostics receives notification of additions to this list.]

Description of Sample (As you would like it to appear on your Certificate of Analysis)	Qualitative						Quantitative						FOR BIA USE ONLY		
	Salmonella spp.	STEC	E. Coli 0157:H7	Listeria spp.	Listeria Mono.	Enterobacter	Cronobacter	Total Plate Count	Total Yeast & Mold	Total Coliform	E.Coli/Coliform	Enterobacter	Staphylococcus Aureus	Water Activity	BIA ID#

Notes:

For Bia Use Only	
Received By:	Date/Time:

This sample submission form acts as the chain of custody for your sample. Please physically include it in the package when sending your samples. The company listed on this form as the submitter of the samples assumes all financial responsibility for work requested on this form. If additional testing becomes necessary additional notification and agreement of financial responsibility will ensue. We are always looking to improve! Please email or call us with your feedback regarding our services from sample submission forms to your overall satisfaction of our customer service. (802) 540-0148 [sales@biadiagnostics.com](mailto:sales@biadiagnostics.com)