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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, swab, pharmaceutical and cosmetic samples from paying clients \(MIC\(P\)-002\)](#), [Procedure for rejecting food, water, swab, pharmaceutical and cosmetic samples \(MIC\(P\)-003\)](#) and [Swab Sample Acceptance Criteria \(MIC\(G\)-SSA\)](#) by Microbiology Laboratory, Department of Scientific Services (DSS).
- I understand that DSS shall ensure the protection of my confidential information and proprietary rights.
- I understand and agree that by submitting sample(s) to Microbiology Laboratory, DSS, the laboratory reserves the right to use and/or damage the whole sample(s) as required for analysis.

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	SAL	TPC
						Ambient Chilled Frozen	YM	Others:	
						Ambient Chilled Frozen	SA	SAL	TPC
						Ambient Chilled Frozen	YM	Others:	
						Ambient Chilled Frozen	SA	SAL	TPC
						Ambient Chilled Frozen	YM	Others:	

*Please circle



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				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