SAMPLE DATA SHEET
BACTERIOPHAGE ANALYSIS
1-800-GIARDIA (442-7342)

COMPANY OR UTILITY:	**DATE OF SAMPLING:**
NAME OF SAMPLER:	**MATRIX:**

SAMPLE ID#	TIME	VOLUME	TREATMENT	EXPECTED CONCENTRATION PER SAMPLE (pfu per mL)	ANALYSIS/METHOD

SIGNATURE:	**DATE:**
RECEIVED:	**DATE:**
RECEIVED:	**DATE:**

SHIPPING ADDRESS: BIOVIR LABORATORIES, INC., 685 STONE ROAD, BENICIA CALIFORNIA 94510