



**Sagescript Institute, llc**  
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**Microbiology Testing Services Request**

Be sure products are labeled with your name and product name.

Contact Person \_\_\_\_\_

Date \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Sample(s) (name or type)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Tests Requested:

- Aerobic Plate Count (enumeration of bacteria)
- Yeast/Fungal Count (enumeration of yeast and fungi)
- Both APC & YFC

Preservative used (optional):

Additional information:

Total Number of Tests: \_\_\_\_\_

Number of Samples	APC	FYC	both
1-2	\$19	\$20	\$32
3-4	\$18	\$19	\$29
5+	\$17	\$18	\$28

Total Cost \_\_\_\_\_

Method of payment: