Submission# **24-061128**

Submission Date: 15-Jul-2024

Specimen Receipt Confirmation

Submitter Information

Submitter Name:

Client ID: 1061857

Address : UNICAMP OF ONTARIO INC
SDWS - 766002218
638159 PRINCE OF WALES ROAD
MULMUR , ON L9V 0C5
CANADA

Phone: 519 925-6432

Fax:

Email: admin@unicampofontario.ca,

Invoice Information

Client ID: 1061857

UNICAMP OF ONTARIO INC

Address : UNICAMP OF ONTARIO INC
638159 PRINCE OF WALES ROAD
MULMUR , ON L9V 0C5
CANADA

Phone: 519 925-6432

Fax:

Email: admin@unicampofontario.ca

Client Information

Owner :	UNICAMP OF ONTARIO INC	**Animal ID :**		**Date Sampled :**	
Farm Name :		**Species :**		**Date Sent :**	
Barn Name :		**Age :**		**Date Received :**	15-Jul-2024
Quotation # :	N/A	**Sex :**		**Legal :**	N/A
Insurance :	N/A	**Premise ID :**		**PO # :**	N/A

Report Distribution

Fax: N **Email:** ADMIN@UNICAMPOFONTARIO. **Mail :** N

Lab Sample ID	Client Sample ID	Date Sampled	Specimen Type	Test	Published TAT (working days)
24-061128-0001	DRINK	15-Jul-2024	Water-Potable	Water Coli Ecoli REG	