



Sample Submission

Company: _____ Order No: _____

Address: _____ Contact: _____ Phone: _____ Email: _____

Sample Details: _____

Batch Code: _____ Collection Date: _____ Time: _____

TESTS REQUIRED - please tick

Microbiology	
<input type="checkbox"/> Salmonella <input type="checkbox"/> Listeria species/Listeria monocytogenes <input type="checkbox"/> Coliforms <input type="checkbox"/> E. coli <input type="checkbox"/> Faecal coliform <input type="checkbox"/> Enterobacteriaceae <input type="checkbox"/> Bacillus cereus <input type="checkbox"/> Yeast & Moulds <input type="checkbox"/> Coagulase positive staphylococci <input type="checkbox"/> Staphylococcus aureus <input type="checkbox"/> Rope Spore Count <input type="checkbox"/> Other Test/ comments/ request (specify below)	<input type="checkbox"/> Standard Plate Count / Total Bacteria Count <input type="checkbox"/> Clostridium perfringens <input type="checkbox"/> Campylobacter <input type="checkbox"/> Lactic Acid Bacteria <input type="checkbox"/> Pseudomonas <input type="checkbox"/> Thermoduric Bacteria Count
Water Testing	
<input type="checkbox"/> Standard Plate Count 22°C <input type="checkbox"/> 37°C <input type="checkbox"/> <input type="checkbox"/> Coliforms <input type="checkbox"/> E. coli <input type="checkbox"/> Faecal streptococci	

Chemistry	
<input type="checkbox"/> Gluten <input type="checkbox"/> Cadmium <input type="checkbox"/> Nutritional Information Panel <input type="checkbox"/> Incl fibre <input type="checkbox"/> Cholesterol <input type="checkbox"/> Energy Value <input type="checkbox"/> Fat profile <input type="checkbox"/> Fatty Acid Profile <input type="checkbox"/> Pesticide Residue Screen C6 <input type="checkbox"/> Pesticide Residue Screen Domestic <input type="checkbox"/> Aflatoxin Screen <input type="checkbox"/> Protein <input type="checkbox"/> Sodium <input type="checkbox"/> Heavy Metals - please specify:	<input type="checkbox"/> pH <input type="checkbox"/> Water Activity <input type="checkbox"/> Moisture <input type="checkbox"/> Sulphite <input type="checkbox"/> Nitrate / Nitrite
Milk Analysis	
<input type="checkbox"/> Antimicrobial substances in milk <input type="checkbox"/> Fat <input type="checkbox"/> Lactose <input type="checkbox"/> Solids Non Fat <input type="checkbox"/> Total Solids <input type="checkbox"/> Protein <input type="checkbox"/> Somatic Cell Count <input type="checkbox"/> Bacterial Cell Count	

Additional Notes & Requests (eskies, sample containers etc) _____ Reival (Lab use only) _____

	Date: _____	Temp: _____
	Time: _____	By: _____