

Sample Submission

Company:

Order No:

Address:

Contact:

Phone:

Email:

Sample Details:

Batch Code:

Collection Date:

Time:

TESTS REQUIRED - PLEASE TICK AND SPECIFY REQUIRED SENSITIVITY OR REPORTING UNITS (if known)

Microbiology

- | | |
|--|---|
| <input type="checkbox"/> Salmonella
<input type="checkbox"/> Listeria species/Listeria monocytogenes
<input type="checkbox"/> Coliforms
<input type="checkbox"/> E. coli
<input type="checkbox"/> Thermotolerant (Faecal) coliforms
<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"/> STEC Top 6
<input type="checkbox"/> E.coli O157
<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"/> 36°C <input type="checkbox"/>
<input type="checkbox"/> Coliforms
<input type="checkbox"/> E. coli
<input type="checkbox"/> Thermotolerant (Faecal) coliforms
<input type="checkbox"/> Salmonella
<input type="checkbox"/> Legionella
<input type="checkbox"/> Faecal streptococci | |

Chemistry

- | | |
|---|---|
| <input type="checkbox"/> pH
<input type="checkbox"/> Gluten
<input type="checkbox"/> Allergen other: _____
<input type="checkbox"/> Water Activity
<input type="checkbox"/> Moisture
<input type="checkbox"/> Sulphite
<input type="checkbox"/> Nutritional Information Panel <input type="checkbox"/> Incl fibre
<input type="checkbox"/> Fat Profile
<input type="checkbox"/> Fat Total
<input type="checkbox"/> Fatty Acid Profile
<input type="checkbox"/> Cadmium
<input type="checkbox"/> Heavy Metals - please specify: | <input type="checkbox"/> Pesticide Residue Screen C6
<input type="checkbox"/> Aflatoxin Screen
<input type="checkbox"/> Histamine
<input type="checkbox"/> Nitrate / Nitrite
<input type="checkbox"/> Other |
| Milk Analysis | |
| <input type="checkbox"/> Antimicrobial Substances in Milk
<input type="checkbox"/> Fat
<input type="checkbox"/> Lactose
<input type="checkbox"/> True Protein
<input type="checkbox"/> Crude Protein
<input type="checkbox"/> Somatic Cell Count
<input type="checkbox"/> Bacterial Cell Count | |

Additional Notes & Requests (eskies, sample containers etc)

Receival (Lab use only)

Date:

Temp:

Time:

By: