

Sample Submission Form		
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 species <input type="checkbox"/> Listeria species <input type="checkbox"/> Listeria monocytogenes <input type="checkbox"/> Coliforms <input type="checkbox"/> E. coli <input type="checkbox"/> Thermotolerant Coliforms <input type="checkbox"/> Enterobacteriaceae <input type="checkbox"/> Bacillus Cereus <input type="checkbox"/> Yeast & Moulds <input type="checkbox"/> Coagulase Positive Staphylococci		
<input type="checkbox"/> Standard Plate Count/ Total Bacteria Count <input type="checkbox"/> Lactic Acid Bacteria <input type="checkbox"/> Campylobacter <input type="checkbox"/> Pseudomonas species <input type="checkbox"/> Thermoduric Bacteria Count <input type="checkbox"/> Staphylococcus Aureus <input type="checkbox"/> Rope Spore Count <input type="checkbox"/> Clostridium Perfringens <input type="checkbox"/> Other Test/ comments (specify below)		
Comments:		
Water Testing		
<input type="checkbox"/> Standard Plate Count 22°C <input type="checkbox"/> 36°C <input type="checkbox"/> E. coli <input type="checkbox"/> Coliforms <input type="checkbox"/> Thermotolerant Coliforms <input type="checkbox"/> Salmonella		
<input type="checkbox"/> Legionella <input type="checkbox"/> Faecal Streptococci <input type="checkbox"/> Plumbing Contamination suite <input type="checkbox"/> Bore Water Suite <input type="checkbox"/> Rainwater suite		
Comments:		
Chemistry		
<input type="checkbox"/> pH <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 Percentage <input type="checkbox"/> Fatty Acid Profile		
<input type="checkbox"/> Cadmium <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 <input type="checkbox"/> Heavy Metals - please specify below:		
Comments:		
Allergens		Milk Analysis
<input type="checkbox"/> Gluten <input type="checkbox"/> Dairy <input type="checkbox"/> Fish <input type="checkbox"/> Nuts <input type="checkbox"/> Other Test/ comments (specify below)		<input type="checkbox"/> Antimicrobial Substances in Milk <input type="checkbox"/> Milk Composition <input type="checkbox"/> Somatic Cell Count <input type="checkbox"/> Bacterial Cell Count
Comments:		
Additional Notes & Requests (eskies, sample containers etc)		Receival (Lab use only)
		Date: _____ Temp: _____ Time: _____ By: _____ Reference No.Cash Client only: _____