FOOD & PRODUCT SAMPLE SUBMISSION FORM

AgSource

CUSTOMER NAME Contact, Company, Address, Phone, Email	REPORT METHOD ☐ Email ☐ Mail ☐ Fax	EMAIL TO CC on Email

			MICROBIOLOGICAL													ANALYTICAL								PATHOGEN				SPECIALITY				
	SAMPLE DESCRIPTION	Collection Date	Aerobic Plate Count (SPC)	Anaerobic Plate Count	Bacillus Cereus Count	Coliform Count, Total	E. coli/ Coliform Count	Enterobacteriaceae Count	Heterofermentative Lactobacillus	Staphylococcus aureus	Thermophilic Bacteria	Total Lactic Acid Bacteria	Yeast and Mold Rapid Count	Clostridium species	Clostridium Sulfite Reducing	Acidity, Titratable	Ash	Babcock/Mojonnier Fat/AH Fat (Methods Listed)	% Moisture or % Solids	pH	% Protein, Kjeldahl	% Salt	Scorched Particles	E.coli O157 H:7	* Salmonella *	* Listeria *	E. Sakazakii (Cronobacter)*	Nitrate and Nitrite	Lactose			
1			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
2			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
3			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
4			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
5			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
6			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
7			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
8			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
9			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
10			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

* NOTE * Please indicate the sample size:

Salmonella	☐ 25g	☐ 125g	☐ 375g
Listeria	☐ 25g	☐ 125g	
E. Sakazakii	☐ 25g	☐ 125g	☐ 375g

SPECIAL INSTRUCTIONS

Sampled by _____

Relinquished by _____ Date _____ Time _____

Received by _____ Date _____ Time _____

Relinquished by _____ Date _____ Time _____

Received by _____ Date _____ Time _____

Relinquished by _____ Date _____ Time _____

Received by _____ Date _____ Time _____

Relinquished by _____ Date _____ Time _____

Received by _____ Date _____ Time _____

Relinquished by _____ Date _____ Time _____

Received by _____ Date _____ Time _____

Relinquished by _____ Date _____ Time _____

3700 Downwind Drive, Marshfield, WI 54449
P: 715.898.1402 | F: 715.898.1408 | marshfield@agsource.com

FRM-2322300982