

FOOD & PRODUCT SAMPLE SUBMISSION FORM



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

SAMPLE DESCRIPTION	Collection Date	MICROBIOLOGICAL											ANALYTICAL						PATHOGEN			SPECIALITY															
		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	N/A
Listeria	25g	125g	375g	N/A
E. Sakazakii	25g	125g	375g	N/A
E.coli O157:H7	25g	125g	375g	N/A

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 _____