

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

SPECIAL INSTRUCTIONS

Sampled by _____
 Relinquished by _____ Date _____ Time _____
 Received by _____ Date _____ Time _____
 Relinquished by _____ Date _____ Time _____
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