

## Sample Submission Form

Company:	Order No:
Address:	
Contact:	Phone:
Email:	
Sample Details:	

Batch Code:	Collection Date:	Time:
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**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"/> <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"/> Gluten NATA acc. <input type="checkbox"/> Dairy <input type="checkbox"/> Sesame <input type="checkbox"/> Fish <input type="checkbox"/> Shellfish <input type="checkbox"/> Nuts <input type="checkbox"/> Soy <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)						
	<table style="width: 100%;"> <tr> <td>Date:</td> <td>Temp:</td> </tr> <tr> <td>Time:</td> <td>By:</td> </tr> <tr> <td colspan="2">Reference No. Cash Client only:</td> </tr> </table>	Date:	Temp:	Time:	By:	Reference No. Cash Client only:	
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