



4/100-104 Pipe Road, Laverton North Vic 3026.

Phone: 03 9369 3313, Email: [lab@navlabs.com.au](mailto:lab@navlabs.com.au)

**SAMPLE SUBMISSION FORM**

Fill in and print out this form to send along with samples.

Office use only:

Date:	Contant Person:	Company Name: ABN	Address:
Telephone:	E-mails:		

**Special Instructions for lab:**

Shelf life testing includes TVC, E.coli, Coliform, Listeria, Salmonella, Staph, Yeast and Mould unless customer specifies otherwise. Depending on product pH and Aw may be included.

<b>Sample Description</b> <i>(Only this information will be included on the test report)</i>	TVC	E.coli	Coliform	Listeria	salmonella	yeast mould	Coagu +ve Staph	pH	Aw	Specify other	Lab use only

*Minimum 4 samples of packaged product are required for shelf life testing. This sample submission form MUST be sent along with the samples. Residual samples are only retained until the analysis is completed and then discarded immediately. Submitting a samples request is acknowledgement to terms and conditions. Full payment is required before the final results are released.*

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_