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| Date: | Contact Person: | Company Name: | | | | | | | | | | | | Address: | | | | |
| Telephone: | 1st Email: | 2nd Email : | | | | | | | | | | | |
| Purchase Order:  ABN | Do you require a separate test reports each sample? | | | | | | | Do you require samples to be composited for test? | | | | | | | | | | |
| Special Instructions for lab: | | | | | | | | | | | | | | | | | | |
| **Sample Description**  *(Only this information will be included on the test report)* | | Total Viable Count | E. coli <10 cfu/g or <3.0 MPN  Water per 100ml | Coliforms  Water per 100ml | Listeria spp. in 25g or in 125g or  Per swab | Listeria monocytogenes In 25g or In 125g | Salmonella spp. In 25g or In 125g | | Coagulase +ve Staphylococcus | Enterobacteriaceae | Yeast and mould | Clostridium Perfringens | Bacillus Cereus | | Campylobacter |  | Specify other | Lab use only |
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| *A minimum of 200g of product is required for Microbiological Analysis unless your standard operating procedures are specifying otherwise. This sample request form MUST be sent along with the sample. The samples submitted without completed request form will be held for a maximum of 48 hrs after which samples will be destroyed if a signed analysis request form has not been received. Residual samples are only retained until the analysis is completed and then discarded immediately. Submitting a samples request is acknowledgement to terms and conditions.*  *Print Name: Signature: ----------------* | | | | | | | | | | | | | | | | | | |