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### SAMPLE SUBMISSION FORM

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

Office use only:
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Date:	Contact Person:	Company Name:	Address:
Telephone:	1 <sup>st</sup> Email:	2 <sup>nd</sup> 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 <i>(Only this information will be included on the test report)</i>	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

*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: -----