



FOOD TESTING REQUEST FORM

Please complete the following in full & enclose with sample/s:

CUSTOMER:

Company Name (if applicable)

Contact: Phone: Fax:

Address: E-mail:

Where did you hear about our Food Testing services?

Sign in pathology rooms Yellow Pages Word of mouth Other

No. of samples: **Person delivering sample/s:**

- Sample description:** 1.....
 2.....
 3.....
 4.....
 5.....

Tests required: Please write in sample description no. (1-5) that require particular tests below:

- | | |
|---|---|
| Standard plate count | Yeasts & moulds (count) |
| Coliforms (count) | Coliforms (presence/absence) |
| Faecal coliforms (count) | Faecal coliforms (presence/absence) |
| E. coli (count) | E. coli (presence/absence) |
| Coag. Positive Staph (count) | Lactic acid bacteria (count) |
| Salmonella (presence/absence) | Enterobacteriaceae (count) |
| Listeria species (presence/absence) | Listeria monocytogenes (presence/absence) ... |
| Vibrio cholerae (presence/absence) | V. parahaemolyticus (presence/absence) |
| Campylobacter (count) | Campylobacter (presence/absence) |

ADDITIONAL COMMENTS:

OFFICE USE ONLY

Collection centre: Account pre-paid: Yes/No Amount received: \$.....

Staff member receiving sample: Date & time received: