Summit Laboratory Services

Delivery address:
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Sample Submission Form

Company: Order No:

Address:

Contact: Phone: Email:

Sample Details:

Batch Code: Collection Date: Time:

TESTS REQUIRED - PLEASE TICK AND SPECIFY REQUIRED SENSITIVITY OR REPORTING UNITS (if known)

Microbiology

- ☐ Salmonella species
- ☐ Listeria species ☐ Listeria monocytogenes
- ☐ Coliforms
- ☐ E. coli
- ☐ Thermotolerant Coliforms
- ☐ Enterobacteriaceae
- ☐ Bacillus Cereus
- ☐ Yeast & Moulds
- ☐ Coagulase Positive Staphylococci
- ☐ Standard Plate Count/ Total Bacteria Count
- ☐ Lactic Acid Bacteria
- ☐ Campylobacter
- ☐ Pseudomonas species
- ☐ Thermoduric Bacteria Count
- ☐ Staphylococcus Aureus
- ☐ Rope Spore Count
- ☐ Clostridium Perfringens
- ☐ Other Test/ comments (specify below)

Comments:

Chemistry

- ☐ pH
- ☐ Water Activity
- ☐ Moisture
- ☐ Sulphite
- ☐ Nutritional Information Panel ☐ Incl fibre
- ☐ Lead
- ☐ Arsenic
- ☐ Cadmium
- ☐ Mercury
- ☐ Fatty Acid Profile (FAME)
- ☐ Pesticide Residue Screen C6
- ☐ Aflatoxin Screen
- ☐ Histamine
- ☐ Nitrate / Nitrite
- ☐ Other please specify
- ☐ Heavy Metals - please specify below:

Comments:

Allergens

- ☐ Gluten ☐ Gluten NATA acc.
- ☐ Dairy ☐ Fish
- ☐ Shellfish ☐ Nuts
- ☐ Soy ☐ Sesame
- ☐ Other Test/ comments (specify below)

Milk Analysis

- ☐ Antimicrobial Substances in Milk
- ☐ Milk Composition
- ☐ Somatic Cell Count
- ☐ Bacterial Cell Count

Comments:

Additional Notes & Requests (eskies, sample containers etc)

Receival (Lab use only)

Date: Temp:

Time: By:

Reference No.Cash Client only: