|  |  |  |  |
| --- | --- | --- | --- |
| Company Name |  | Contact person |  |
| Address |  | Email |  |
| Order Name  |  | Phone |  |

Sample details:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date taken |  | No. Samples |  | Operator |  |
| Sample description |  |

**MICROBIOLOGY**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sample name(label bottles the same)  | Lab Code |  |  |  |  |  |
| Time taken  |  |  |  |  |  |

Testing required: (Please tick)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Test \ Lab Code** |  |  |  |  |  |
| Identification of Salmonella  |  |  |  |  |  |
| Detection of Salmonella  |  |  |  |  |  |
| Listeria monocytogenes |  |  |  |  |  |
| Counting of Escherichia coli |  |  |  |  |  |
| Counting of bacterial colony at 30 ˚C  |  |  |  |  |  |
| Counting of Yeast and Molds |  |  |  |  |  |
| Counting of Bacillus cereus |  |  |  |  |  |
| Counting of Enterobacteriaceae  |  |  |  |  |  |
| Coliform Count  |  |  |  |  |  |
| Staphylococcus coagulase-positive |  |  |  |  |  |

**CHEMISTRY**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sample name(label bottles the same)  | Lab code |  |  |  |  |  |
| Time taken  |  |  |  |  |  |

Testing required: (Please tick)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Test \ Lab Code** |  |  |  |  |  |
| Salinity |  |  |  |  |  |
| % Essential oil |  |  |  |  |  |
| Alcoholic Grade  |  |  |  |  |  |
| Ash |  |  |  |  |  |
| Histamines |  |  |  |  |  |
| Humidity |  |  |  |  |  |
| Lose on drying  |  |  |  |  |  |
| Essential oil chemical profiles |  |  |  |  |  |
| Proteins |  |  |  |  |  |
| Sugars |  |  |  |  |  |
| Fats |  |  |  |  |  |

Additional notes:

Form filled by:

Date of compilation: