

Sample Submission Form

Company: _____ **Order No:** _____

Address: _____

Contact Name: _____ **Phone:** _____ **Fax:** _____

Sample: _____

Batch Code: _____ **Expiry / Best Before Date:** _____

Sample Collection Date: _____ **and Time:** _____

Tests Requested - please tick (√) the box(s)

Microbiological Testing	Chemical Analysis
<input type="checkbox"/> Total Bacteria Count	<input type="checkbox"/> Nutritional Information Panel
<input type="checkbox"/> Coliforms	<input type="checkbox"/> Energy Value
<input type="checkbox"/> Faecal Coliforms	<input type="checkbox"/> Protein
<input type="checkbox"/> E. coli	<input type="checkbox"/> Fat
<input type="checkbox"/> Yeasts & Moulds	<input type="checkbox"/> Saturated fat
<input type="checkbox"/> Pseudomonads	<input type="checkbox"/> Carbohydrate
<input type="checkbox"/> Pseudomonas aeruginosa	<input type="checkbox"/> Sugars
<input type="checkbox"/> Faecal streptococci / Enterococci	<input type="checkbox"/> Sodium
<input type="checkbox"/> Clostridium perfringens	<input type="checkbox"/> Moisture
<input type="checkbox"/> Salmonella	<input type="checkbox"/> Gluten
<input type="checkbox"/> Listeria monocytogenes	<input type="checkbox"/> Cadmium
<input type="checkbox"/> Campylobacter	<input type="checkbox"/> Heavy Metals – please specify (_____)
<input type="checkbox"/> Vibrio parahaemolyticus	<input type="checkbox"/> Sulphur Dioxide
<input type="checkbox"/> Vibrio cholerae	<input type="checkbox"/> Aflatoxin Screen
<input type="checkbox"/> Staphylococci (coagulase positive)	<input type="checkbox"/> Benzoic Acid / Sorbic Acid
<input type="checkbox"/> Bacillus cereus	<input type="checkbox"/> Nitrate / Nitrite
<input type="checkbox"/> Lactic Acid Bacteria	<input type="checkbox"/> Pesticide Residues – C6 screen
<input type="checkbox"/> Enterobacteria	<input type="checkbox"/> Pesticide Residues – domestic screen
<input type="checkbox"/> Antimicrobial substances in milk	<input type="checkbox"/> Meat Content
<input type="checkbox"/> Legionella	<input type="checkbox"/> Fatty Acid Profile
<input type="checkbox"/> pH	
<input type="checkbox"/> Water activity	

Other tests available on request – please specify below

Other tests / specifications / comments: _____

PLEASE SEND MORE: Esky's (No.) Sample Containers (No.) Water Bottles (No.)

NON URGENT SAMPLES: Please contact the **IMVS courier on 8222 3530** (Adelaide metro area only)

DELIVER SAMPLES TO: **IMVS Food & Environmental Laboratory**
Hanson Institute Building, Level 3, Frome Road, Adelaide SA 5000