



CLIENT TO TYPE DETAILS AND EMAIL TO US

GENERAL MICROBIOLOGICAL SUBMISSION BOOK

Company:	Registration No:	Date Despatched / /
Address:	Email:	
Contact Name:	Phone No:	Fax No:
Sample Date / /	Order No:	

Sample I.D.	Select test required by number from list eg 1,3,5
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	

FOOD / BEVERAGES / ENVIRONMENTAL / COSMETIC / PHARMACEUTICAL

- | | | |
|---|--|--|
| 1. Aerobic Plate Count <input type="checkbox"/> | 9. Lactobacilli <input type="checkbox"/> | 17. New: Yeast/Mould 48hrs* <input type="checkbox"/> |
| 2. Enterobacteriaceae <input type="checkbox"/> | 10. Yeasts <input type="checkbox"/> | 18. Pathogen Screen <input type="checkbox"/> |
| 3. E.coli <input type="checkbox"/> | 11. Moulds <input type="checkbox"/> | 19. Shelf Life <input type="checkbox"/> |
| 4. Salmonella <input type="checkbox"/> | 12. Campylobacter <input type="checkbox"/> | 20. Shigella <input type="checkbox"/> |
| 5. Staph aureus <input type="checkbox"/> | 13. Pseudomonas <input type="checkbox"/> | 21. Yersinia <input type="checkbox"/> |
| 6. Total Coliforms <input type="checkbox"/> | 14. Faecal Coliforms <input type="checkbox"/> | 22. E.coli 0157 <input type="checkbox"/> |
| 7. Bacillus cereus <input type="checkbox"/> | 15. Clostridium perfringens <input type="checkbox"/> | 23. Vibrio <input type="checkbox"/> |
| 8. Listeria Screen <input type="checkbox"/> | 16. Rope Spores <input type="checkbox"/> | <i>*Surcharge Applies</i> |

Other Tests: _____

WATERS

- | | | |
|---|---|---------------------------------------|
| Total Plate Count 22°C <input type="checkbox"/> | E.coli <input type="checkbox"/> | Pseudomonas <input type="checkbox"/> |
| Total Plate Count 35°C <input type="checkbox"/> | Enterococci <input type="checkbox"/> | Staph aureus <input type="checkbox"/> |
| Total Plate Count 37°C <input type="checkbox"/> | Sulphite reducing Clostridia <input type="checkbox"/> | |
| Total Coliforms <input type="checkbox"/> | Legionella Screen <input type="checkbox"/> | |
| Faecal Coliforms <input type="checkbox"/> | | |

For all Sample Kit requirements please contact:

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