

GENERAL MICROBIOLOGY SUBMISSION FORM

Company:	Sample Date: / /	Dispatch Date: / /
Address:	Email:	
Contact Name:	Phone No:	
Submission Reference:	Order No:	

	Sample ID	Select test required by number from list e.g. 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	E.Sakazakii	<input type="checkbox"/>
2	Enterobacteriaceae	<input type="checkbox"/>	10	Yeasts	<input type="checkbox"/>	18	Listeria Rapid	<input type="checkbox"/>
3	E.Coli	<input type="checkbox"/>	11	Moulds	<input type="checkbox"/>	19	Salmonella Rapid	<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"/>	24	<i>Other Tests</i> *	<input type="checkbox"/>

*Other Tests _____

WATERS

A	Total Plate Count 22°C	<input type="checkbox"/>	E	Total Coliforms	<input type="checkbox"/>	I	Legionella Screen	<input type="checkbox"/>
B	Total Plate Count 35°C	<input type="checkbox"/>	F	Faecal Coliforms	<input type="checkbox"/>	J	Pseudomonas	<input type="checkbox"/>
C	Total Plate Count 37°C	<input type="checkbox"/>	G	E.Coli	<input type="checkbox"/>	K	Staph Aureus	<input type="checkbox"/>
D	Total Plate Count 55°C	<input type="checkbox"/>	H	Enterococci	<input type="checkbox"/>	L	Sulphite Reducing Clostridia	<input type="checkbox"/>