Swift MICRO LABORATORIES

Sample Request Form

COMPANY NAME:		**ACCOUNTS TO:**	
Division / Department:		**ORDER NO:**	
Contact Person:		Collection:	
Report:		Deliver:	
Report Requirement: Fax:		Date of Submission:	
Email:		Total no. of samples submitted:	
Date of Submission:		Total no. of pages *(please indicate your page number on top of each page)*:	

INFORMATION REQUIRED FOR ACTUAL REPORT

In the space below please provide details of samples as requested on final test report (e.g. batch numbers; production date; best before date; product description etc.)

Please note if the above info is not supplied it will not be reflected on the final report.

MICROBIOLOGICAL TESTS REQUIRED (TICK)

	TMA	Coliforms	*Escherichia coli*	*Staphylococcus aureus*	Yeast & Mould	Aerobic mesophilic sporeformers *(Bacillus spp)*	*Bacillus cereus*	*Enterobacteriaceae*	*Pseudomonas* spp	*Lactobacillus*	Lactic Acid Bacteria	*Alicyclobacillus*	Thermophilic Acidophilic Bacteria	*Clostridium perfringens*	*Vibrio* spp	*Salmonella*	*Listeria* spp	*Listeria Monocytogenes*			**OTHER TEST** *(If not on testing list)*	*Special Request (e.g Incubate, API, keep samples)*
																		Detection		**Count**		
																		Iso	Afnor			

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