

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	NUTRITIONAL TEST REQUIRED (CLICK ON BOX = TICK)																OTHER TEST <i>(If not on testing list)</i>						
<p>In the space below please provide details of samples as requested on final test report (e.g. reference numbers; sample descriptions; product names; bar codes etc.)</p> <p>Please note if the above info is not supplied it will not be reflected on the final report.</p>	g/100g	g/100g	g/100g	kj/100g	g/100g							g/100g	g/100g	g/100g	g/100g	mg/100g		g/100g	g/100g	g/100g	mg/100g		
	Moisture	Ash	Protein	Energy	Glycaemic Carbohydrate	Fructose	Galactose	Glucose	Lactose	Maltose	Sucrose	Total starch	Total Sugar	Total Fat	Saturated Fat	Trans Fat	Monounsaturated Fat	Polyunsaturated Fat	Cholesterol	Dietary Fibre (AOAC 985.29)	Soluble Fibre	Insoluble Fibre	Total Sodium

SAMPLE NO:	
Reference no:	
Sample description:	
Product name:	
Bar code:	
Batch no:	
Manufacturing date:	

