|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PLEASE PROVIDE AN ADDITIONAL SAMPLE CONTAINER IF MICROBIOLOGY/EXTENDED CHEMISTRY TESTING IS REQUIRED** | | | | | | |
| Client Information (To Appear on Report) | | | | | Comments/Special Instructions | |
| Company or Client Name | Required | | | |  | |
| Contact Person | Required | | Phone # | Required |
| Address |  | | | |
| E-mail Report To | Required | | | |
| Client Reference  Max 15 characters |  | | Purchase Order #  Max 15 characters |  |
| Submitter  (if not Client) |  | | Submitter Phone # |  | **IMPORTANT INFORMATION:**  For testing that is not within Analytica’s scope samples will be subcontracted to fulfil your test request. Analytica take the submission of the analysis request form as permission to subcontract your samples. For more information on our protocol for subcontracted testing please contact us. | |
| Submitter  E-mail (if not Client) |  | | | |
| Invoice To  (if not client) |  | | | |
| E-mail Invoice To (if not Client) | Required | | | |
| **Office Use Only** | | | | | | |
| ***Laboratory ID Number*** | | ***Date Received*** | | ***Received By*** | ***Report Sent*** | ***Invoice Sent*** |

| **#** | **Your Sample Identification**  (To Appear on Report)  ***The sample Identification written on your form should match what is written on the sample.*** | **STANDARD METHOD** | | | | | | | | | | | | **GB METHOD** (CHINESE METHOD) | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Aerobic Plate Count (APC)** | **Yeast & Mould (reported separately)** | **Salmonella** | **Staphylococcus aureus** | **E. coli** | **Total Coliforms** | **Osmophilic Yeast** | **Free Acidity** | **Nutritional Information Panel** | **Water Insoluble Solids** | **Shigella** | **Ash** | **Aerobic Plate Count (APC)** | **Yeast & Mould** | **Osmophilic Yeast** | **Total Activity (TA)** | **Non-Peroxide Activity (NPA)** | **Lead (Pb) & Zinc (Zn)** | **Sugar Profile** |
| **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **11** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **13** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **14** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **15** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **16** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **17** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **18** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **19** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **20** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **21** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **22** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **23** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **24** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **25** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **26** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **27** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **28** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **29** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **30** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

As**Turnaround Times:**  Listed turnaround times apply to all samples received before 12pm on a given working day. Any samples received after 12pm may carry over to the next available laboratory run on the next working day.

**Sample Volumes:** Please provide a minimum sample of 100g for testing. Refer to our tech note ‘’Tests and Sample Volumes’’ to find the additional amount of sample needed per test.