Sample Submission Form – Food Chemistry & Microbiology

Client Details: _____ Email to: _____

Address: _____ Invoice to: _____

Client Order Number: _____ Report to: _____

Contact Phone Number: _____ Date Dispatched: _____

CAWTHRON

98 Halifax St East
Nelson
Ph 03 548 2839
Fax 03 546 9464
Email lab@cawthron.org.nz
www.cawthron.org.nz

	Sample Description	Date Sampled	Time sampled
1			
2			
3			
4			
5			
6			
7			
8			
9			

Carcass Swabs		**Hygiene Swabs**		**Pathogen Swabs**	
Aerobic Plate Count		Aerobic Plate Count		Salmonella	
Petrifilm E coli				Listeria	

Microbiology	
Aerobic Plate Count (please circle) 25°C 30°C 35°C	
Coliforms	
Faecal coliforms	
Escherichia coli	
Staph aureus	
Clostridium perfringens	
Listeria	
Salmonella	
Yeasts and Moulds	
Bacillus cereus	
Enterobacteriaceae	
Vibrio parahaemolyticus	

Food Chemistry	
Crude Protein	
Total Fat / Crude Fat	
Moisture	
Ash	
Total Carbohydrate	
Energy	
Cholesterol	
Nutritional Label Analyses	
Sugar	
Saturated Fat	
FAME: Fatty Acid profile	
pH	
Alcohol	
Total Dietary Fibre	
Olive Oil testing (free fatty acid/ Peroxide value)	
TVBN	
Histamine	
Water activity	
Vitamins *please specify*	
Metals	
Sodium	
Potassium	
Other Analysis *please specify*	

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