

Micro GMP Submission Form



Analytical Science
 98 Halifax St East Nelson
 Ph: 03 548 2839
 Email: lab@cawthron.org.nz
 www.cawthron.org.nz

Client Name	
Address	
Contact	
Order number	

Email to	
Copy to	
Invoice to	
Contact phone	

Batch Number	
Sample Type	
Sample Description	

Testing	Full	Partial		Specifications	Lab Use Only	
Aerobic Plate Count				≤10 ³ cfu/g	≤10 ⁴ cfu/g	Put up:
Yeast & Mould Count				≤ 10 ² cfu/g		
E. coli				ND/g		Date:
Staphylococcus aureus				ND/g		Checked:
Salmonella				ND/10g	ND/25g	
Bile tolerant gram-negative bacteria				≤ 10 ² MPN/g		

Microbiology Validated:	Yes		No	
Validation Group (if applicable):				

Cawthron Code (for lab use only):	
Additional tests / comments:	

Minimal sample size: 50g for full monograph