

# Microbiology Submission Form



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<b>Client Name</b>	
<b>Address</b>	
<b>Order No.</b>	
<b>Reference</b>	

<b>Email to</b>	
<b>Invoice to</b>	
<b>Copies to</b>	
<b>Contact Phone</b>	

Sample Description <i>(client code / batch date)</i>	Date & Time Collected 24-hour clock	Type of Sample <i>(e.g. Fish, Oil Powder, Mussels, Swabs)</i>	APC (25 / 30 / 35°C)	Yeasts and Moulds	Bile Tolerant Gram Neg. Bacteria	Enterobacteriaceae	Coliforms	Faecal Coliforms	Escherichia coli	Staph aureus	Bacillus cereus	Clostridium perfringens	Listeria	Salmonella	Shigella	Vibrio parahaemolyticus	Cronobacter	Other <i>(Specify Below)</i>	Lab Use Only
																			Put Up:
																			Checked By:
																			pH:
																			Weight:
																			Comment:
<b>Additional Analysis/Further Information</b> (Specify Here)																			