

# Shelf Life Submission Form



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<b>Client Name</b>	<b>Email to</b>
<b>Address</b>	<b>Copies to</b>
<b>Order No.</b>	<b>Invoice to</b>
<b>Reference</b>	<b>Contact Phone</b>

**IMPORTANT - If testing is a market requirement, please indicate which market:**

<b>Storage Conditions (°C)</b>	Ambient	Accelerated	4°C	25°C	30°C	35°C	Other:
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Sample Description/Type/PD	Enter timepoint details below e.g.) Week, Day, Month etc					MICROBIOLOGY										FOOD CHEM			Other (Specify Below)	
	Time Point 1 Date	Time Point 2 Date	Time Point 3 Date	Time Point 4 Date	Time Point 5 Date	APC (25 / 30 / 35°C)	Yeasts and Moulds	Enterobacteriaceae	Coliforms	Faecal Coliforms	Escherichia coli	Staph aureus	Bacillus cereus	Clostridium perfringens	Listeria	Salmonella	pH	Salt		Water Activity

<b>Additional Analysis/Further Information/Additional Time Point Details (Specify Here)</b>	<b>Storage Location &amp; Special Notes – Cawthron Use Only</b>

*\*Please supply one sample per time point. If food chemistry is required as well as microbiology, please supply two samples per time point.*