

# Microbiology GMP/ BP Submission Form

Customer Name	
Address	
Reference	
Order No.	

Email report to	
Copy to	
Email invoice to	
Contact/ Phone	

Cawthron Labs  
Sample Reception  
98 Halifax St East  
Nelson 7010  
  
Ph: 03 548 2839  
Email: [samples@cawthron.org.nz](mailto:samples@cawthron.org.nz)

Testing Priority	Routine:		High:		<b>URGENT:</b>		Contact <a href="mailto:samples@cawthron.org.nz">samples@cawthron.org.nz</a> to discuss timeframes and surcharges before sending urgent samples.
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## PLEASE COMPLETE ALL FIELDS

Microbiology Validated (Select):			YES		NO		Aerobic Plate Count (Select spec) $\leq 10^4$ cfu/g $\leq 10^3$ cfu/g $\leq 10^2$ cfu/g		Yeasts and Moulds	E.coli	Staph. aureus	Salmonella (Select spec) ND/g ND/25g		Bile tolerant gram -negative bacteria $\leq 10^2$ MPN/g	*Enterobacteriaceae (Choose spec) NMT cfu/g	Other (Specify below)	Lab Use Only:  Put up by:  Checked by:
Enter Validation Group (If applicable):																	
If your sample/s is <b>Hazardous</b> please tick and provide a Safety Data Sheet: (Ensure your sample/s are labelled with the appropriate hazardous sticker)																	
IMPORTANT: If testing is a regulatory compliance requirement, please indicate which market(s) or notice this relates to below:																	
Sample ID/ Batch No.	Sample Description	Sample Type															

Specification Changes	Additional Analysis / Information etc	Lab Use Only	
		Sample Reception	Received at Cawthron
		Use a <b>GMP Template</b> & add test list: <b>MICROBP ( )</b> *Entero = Compendium (VRBA)	