

Microbiology Submission Form

Customer Name	
Address	
Reference	
Order No.	

Email Reports to	
Copy to	
Email Invoice to	
Contact Name/ Phone	

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

Testing Priority:		Routine:		High:		25°C 30°C / 35°C)	Aerobic Plate Count	Yeasts and Moulds	Enterobacteriaceae	Total Coliforms	Faecal Coliforms	Escherichia coli	Staph aureus	## Listeria	## Salmonella	## Shigella	Bile Tolerant Gram Neg. Bacteria	Bacillus cereus	Clostridium perfringens	Cronobacter	## Vibrio parahaemolyticus	Other (Specify below)
URGENT:		Contact samples@cawthron.org.nz before submitting urgent testing to timeframes and possible surcharges.																				
Sample ID / Batch No.	Sample Description	Date & Time Sampled 24-hour clock	Sample Type																			

Additional Analysis/ Specifications/ Further Information	## Composite Pathogen Samples? (Up to 5 samples per composite) (Specify below)	Condition on Arrival:	Lab Use Only	Received at Cawthron
		<input type="checkbox"/> Room Temp <input type="checkbox"/> Chilled <input type="checkbox"/> Frozen	Put up by:	
		Temperature:	Checked by:	
IMPORTANT: If testing is a regulatory compliance requirement, please indicate which market(s) or notice, this relates to below.	YES			
	NO			