## Shelf-Life Submission Form

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CAWTHRO	N	(	Pleas	se comp	lete d	one s	ubm	nissic	n fo	rm p	er p	rodu	ict)							
Customer Name					Er	Email Reports to										Cawthron Laboratories Sample Reception				
Address						Copies to								98 Halifax St East Nelson 7010						
Reference			F				Email Invoice to									Ph: 03 548 2839				
Order No.					С	Contact / Phone						Email: samples@cawthron.org.nz								
IMPORTANT: If testing is notice, this relates to:	s a regulatory	compliance r	equirem	nent, please	indicate	which	marke	t(s) or									_	REPORTI	ING:	ort. F
notice, this relates to.								ı			ı		,			<u> </u>	eport all p	OR	in one rep	ort: L
Storage Conditions (°C): (Se/ect) Ambient 4°C		4°C		25°C			30°C			35°C		Other:		Report products individually: [						
TIMEPOINT DETAILS PRODUCT DETAILS					MICROBIOLOGY						FOOD CHEMISTRY									
Enter timepoints below (one timepoint per line) E.g: Day 0 Week 1 Week 2 Month 1 etc	Product De	escription:				<b>APC</b> (25 / 30 / 35°C)	Yeasts and Moulds	Enterobacteriaceae	Total Coliforms	Faecal Coliforms	Escherichia coli	Listeria	Salmonella	Staph aureus	Bacillus cereus	Clostridium perfringens	PH	Salt	Water Activity	Other (Specify below)
MOIIII I etc	LAB USE ON	LY - DATE:																		
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Additional Analysis/Further Information/Additional Time Points (Specify here)	Storage Charges	Lab Use Only	Received at Cawthron
	Storage charges of		
	\$20 a month (\$5 a	Put up by:	
	week) will be incurred		
	for all shelf life's apart		
	from those stored in	Checked by:	
	ambient conditions.		

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

LAB USE ONLY - DATE: