

Microbiological Analysis Request Form

Company		Email	
Contact Person		PO	Tel

Sample Description (to appear on report)		Sample Number (for laboratory use only)
Product type (swabs, juice, tea, etc.)		Date: ___ / ___ /20___
Please select:	One test report per sample <input type="checkbox"/>	Tests can be grouped into one report <input type="checkbox"/>
Do you need a report to specification as per our procedure, VIN-25: Reporting statement of conformity and decision rules? Decision rule is based on ILAC/G8 Binary Statement with Guard Band. Please select one of the below options;		
[N/A]		[NO]
		[YES]

Quality Control Indicators

<input type="checkbox"/> Yeast Culture	<input type="checkbox"/> Bacteria Culture	<input type="checkbox"/> Leuconostoc mesenteroides	<input type="checkbox"/> Klebsiella pneumoniae
<input type="checkbox"/> Mould count	<input type="checkbox"/> Lactic acid bacteria*	<input type="checkbox"/> Total coliforms*	<input type="checkbox"/> Proteus mirabilis
<input type="checkbox"/> Brettanomyces culture	<input type="checkbox"/> Acetobacter bacteria Culture	<input type="checkbox"/> Fecal coliforms	<input type="checkbox"/> Proteus vulgaris
<input type="checkbox"/> Osmophilic yeast culture	<input type="checkbox"/> Aerobic Bacteria Culture	<input type="checkbox"/> E. coli*	<input type="checkbox"/> Micrococcus luteus
<input type="checkbox"/> Yeast and mould*	<input type="checkbox"/> Anaerobic bacteria Culture	<input type="checkbox"/> Enterobacteriaceae*	<input type="checkbox"/> Pseudomonas aeruginosa
<input type="checkbox"/> Total Plate Count/Aerobic count*	<input type="checkbox"/> Heterotrophic Bacteria Culture	<input type="checkbox"/> Enterobacter aerogenes	<input type="checkbox"/> Alicyclobacillus (TAB)*

Potential Pathogens - Presumptive

Microorganisms listed below are considered potential pathogens dependent on the matrix involved. The result is presumptive as a second confirmatory step is required.

<input type="checkbox"/> Staphylococcus aureus*	<input type="checkbox"/> Bacillus cereus*	<input type="checkbox"/> Clostridium perfringens	<input type="checkbox"/> Salmonella typhimurium
<input type="checkbox"/> Staphylococcus epidermidis	<input type="checkbox"/> Shigella sonnei	<input type="checkbox"/> Clostridium bifermentans	<input type="checkbox"/> Salmonella enteritidis
<input type="checkbox"/> Campylobacter	<input type="checkbox"/> Vibrio cholera	<input type="checkbox"/> Clostridium sordelli	<input type="checkbox"/> Salmonella typhi
<input type="checkbox"/> Bacillus subtilis	<input type="checkbox"/> Vibrio parahaemolyticus	<input type="checkbox"/> Fecal streptococci	<input type="checkbox"/> Salmonella spp. (VIDAS)*
<input type="checkbox"/> Listeria spp. (VIDAS)*	<input type="checkbox"/> Listeria monocytogenes (VIDAS)*	<input type="checkbox"/> Campylobacter (VIDAS)	<input type="checkbox"/> E. coli 0157 (VIDAS)*

Potential Pathogens - Confirmation

Microorganisms listed below are considered potential pathogens dependent on the matrix involved. If a positive result is obtained, a second confirmatory step is required resulting in longer turnaround times.

<input type="checkbox"/> Staphylococcus	<input type="checkbox"/> Legionella
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Molecular Methods - PCR

<input type="checkbox"/> Cryptosporidium*	<input type="checkbox"/> Giardia*	<input type="checkbox"/> Legionella*	<input type="checkbox"/> Enteric viruses
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(*) indicates these are ISO 17025 SANAS accredited methods for food and environmental matrices.