

FOR LAB USE ONLY
Entered
Sign: _____



FOOD & ENVIRONMENTAL MICROBIOLOGY ANALYSIS REQUEST FORM

FOR LAB USE ONLY
Registered
Sign: _____

Company / Client name:		Email:	
Contact person:		PO number (if applicable):	Tel:
Date submitted: _____ / _____ / 20_____			
Please select:		<input type="checkbox"/> One test report per sample	<input type="checkbox"/> Tests can be grouped into one report
<p>Do you need a report to specification as per our procedure, VIN-25: Reporting statement of conformity and decision rules? The decision rule is based on ILAC/G8 Binary Statement with Guard Band. Please select one of the options below:</p> <p style="text-align: center;">[N/A] [YES] [NO]</p>			
Sample number (for laboratory use only)	Sample nr	Sample nr	Sample nr
Product type (food/swabs/air plate)			
Description:			
Analysis requested (please mark the required analysis)			
Other			
Alicyclobacillus (TAB)*			
Bacteria culture			
Brettanomyces culture			
Yeast culture			
Osmophilic yeast culture			
Mould count			
Acetobacter bacteria culture			
Aerobic bacteria culture			
Anaerobic bacteria culture			
Heterotrophic bacteria culture			
Faecal coliforms			
Food and swabs (TEMPO and VIDAS methods)			
E. coli (TEMPO-count)*			
Total coliforms (TEMPO-count)*			
Enterobacteriaceae (TEMPO-count)*			
Total aerobic count (TEMPO-count)*			
Yeast and mould (TEMPO-count)*			
Staphylococcus aureus (TEMPO-count)*			
Bacillus cereus (TEMPO-count)*			
Lactic acid bacteria (TEMPO-count)*			
Listeria monocytogenes (VIDAS-detection)*			
Listeria species (VIDAS-detection)*			
Salmonella species (VIDAS-detection)*			
E. coli O157 (VIDAS-detection)*			
Campylobacter species (VIDAS-detection)			
SMS MY RESULTS			

(*) indicates the analysis is ISO/IEC 17025 accredited for food and environmental matrices.

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Are you satisfied with our service?



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Verified
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Sample sticker
Sign: _____