

Submission Form Feed Microbiology

Please ensure that this form is completed fully and accurately. Missing, erroneous or incomplete data may result in delays in sending final reports. Samples must be sent in full compliance with the relevant postal regulations. Samples must be received at the laboratory in a timely manner to allow testing to begin within 4 days of sampling, if this is not possible a repeat sample will be required.

Client Details:

Company name and address:	
Tel:	Fax:
E-mail:	

Site name and address:
CPH Number:
Producer Establishment Number: ____/UK/____

Additional Information:

Date of sampling	
Sampled by	
Sign	

Sample Details (Indicate sample numbers):

Sample Number	Sample Description	Select Tests (tick)			LAB USE ONLY
		Salmonella	Enteroc	TVC	BB Reference
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Laboratory Use Only			
Date of Receipt:	RFN:	R:	QC:
No of Samples:	Databased:	Final report sent:	
Booked in By:	BB Ref Range:		