



# Packing Station Egg Swab/Egg Submission Form

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.

Please ensure each swab is clearly labelled with the area swabbed.

**Client Details:**

Packing station name and address:	
Tel:	Fax:
E-mail:	

**Additional Information:**

Date of sampling	
Sampled by	
Sign	

Tests Required (Please Tick)	
Salmonella	
TVC	
TVC, Coliforms, Yeast and Mould	
Aspergillus	
Other (Please state)	

**Swab at least the equivalent of 10x40cm<sup>2</sup> area of each of the following areas, ensuring that both sides of the pad or gauze are used:**

Area	Lab Use Only
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

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