eurofins

SAMPLE SUBMISSION

CLIENT TO COMPLETE:		
Company:	Date Despatched: / /	
Address:	Email:	
Contact Name:	Phone No:	Fax No:
Comments:	Order No:	
	Eurofins NZ Quote number:	

Sample I.D.	Sample description	Select tests required by number from list e.g. 1,3,5

FOODS/ENVIRONMENTAL								
1.	Aerobic Plate Count	☐	8.	Faecal Coliforms	☐	15.	Staph aureus	☐
2.	Bacillus cereus	☐	9.	Lactobacilli	☐	16.	Total Coliforms	☐
3.	Campylobacter	☐	10.	Listeria Detection	☐	17.	Vibrio	☐
4.	Clostridium perfringens	☐	11.	Pseudomonas	☐	18.	Yeast/Mould	☐
5.	E.coli	☐	12.	Rope Spores	☐	19.	Other (Please specify)	☐
6.	E.coli 0157	☐	13.	Salmonella	☐			
7.	Enterobacteriaceae	☐	14.	Shigella	☐			
WATERS								
20.	Total Plate Count 22°C	☐	25.	Enterococci	☐	30.	Sulphite ReducingClostridia	☐
21.	Total Plate Count 35°C	☐	26.	Faecal Coliforms	☐	31.	Total Coliforms	☐
22.	Total Plate Count 37°C	☐	27.	Legionella Screen	☐	32.	Other (Please specify)	☐
23.	Total Plate Count 55°C	☐	28.	Pseudomonas	☐			
24.	E.coli	☐	29.	Staph aureus	☐			

Please tick if you require:

☐ Chilly bins ☐ Environmental swabs ☐ Exposure plates ☐ Water sampling bottles
☐ Other -please specify _____

Auckland	Hamilton	Wellington	Christchurch
35 O'Rorke Road, Penrose P O Box 12545, Penrose, AUCKLAND Phone: +64 9 579 2669 info@eurofins.co.nz	12-14 Pukete Road St Andrews P O Box 281 HAMILTON Phone: +64 7 849 6414 info@eurofins.co.nz	85 Port Road, Seaview, Lower Hutt P O Box 36105, Lower Hutt WELLINGTON Phone: +64 4 576 5016 info@eurofins.co.nz	43 Detroit Drive Rolleston 7675 P O Box 11127, Wigram CHRISTCHURCH Phone: +64 3 343 5227 info@eurofins.co.nz