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TGO 77 TESTING SAMPLE SUBMISSION FORM

Client Information		
Company Name:	Submitted by:	Date:
Mailing Address:	Tel:	Mobile:
	Email Address:	
Quotation No (if any):	Purchase Order (if any):	

Sample Information			Select test required (Please √)																					
Name of Product	Batch #	Quantity (for composite testing)	Product Validation	Total Plate Count (cfu/g)	Yeast & Mould count (cfu/g)	Bile-tolerant Gram Negative count (MPN/g)	*Salmonella* spp. detection		*E.coli* detection		S. *aureus* detection		*Pseudomonas* detection		*Coliforms* detection		*Candida albicans* Detection		*Clostridia* Detection		Specify any other test:	Microbial ID (if required)
							/10g	/25g	/g	/10g	/g	/10g	/g	/10g	/g	/10g	/g	/10g	/g	/10g		

Eurofins | ams
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							/10g	/25g	/g	/10g	/g	/10g	/g	/10g	/g	/10g	/g	/10g	/g	/10g		

If Microbial ID is required after the tests above are performed.

Name of Product	Test Requested (Please √) *Mould ID to species level can only be performed with Genetic Sequencing			When more than one colony type is present (Please √)			Comment
	Microscopy (*Mould only – Genus level)	Maldi-ToF	Genetic Sequence	ID All distinct colonies	ID Dominant Colony only	Contact Client	

Any other special requirements (please specify):