

## PROBIOTICS SAMPLE SUBMISSION FORM

Client Information											
Company Name:					Submitted by:			Date:			
Mailing Address:					Phone:			Email:			
Quotation No (Compulsory):					Purchase Order (if any):						
Sample Information				Select Tests Required (Please Tick)							
Sample Description (sample ID, # and quantity of products sent)	Product Code of Test (included in quote)	Product Specifications (cfu/g or cfu/capsule*)  * please include average fill weight	Total Viable Count (Lactic Acid Bacteria)	Total Viable Count (Probiotic Yeast)	Split Count (Lactobacillus & Bifidobacterium)	Lactobacillus spp Count	Bifidobacterium spp Count	Streptococcus spp Count	Water Activity	Microbial Identification (Eurofins IDmyk Sequencing)	
										When more than one colony type is present	
										ID dominant colony only	Contact client

Any other special requirements (please specify):