

**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 <small>(sample ID, # and quantity of products sent)</small>	Product Code of Test <small>(included in quote)</small>	Product Specifications <small>(cfu/g or cfu/capsule*)</small>  <small>* please include average fill weight</small>	Total Viable Count <small>(Lactic Acid Bacteria)</small>	Total Viable Count <small>(Probiotic Yeast)</small>	Split Count <small>(Lactobacillus &amp; Bifidobacterium)</small>	Lactobacillus spp Count	Bifidobacterium spp Count	Streptococcus spp Count	Water Activity	Microbial Identification <small>(Eurofins IDmyk Sequencing)</small>
										When more than one colony type is present

Any other special requirements (please specify):