

### TGO 77 TESTING SAMPLE SUBMISSION FORM

Client Information		
Company Name:	Submitted by:	Date:
Mailing Address:	Tel:	Mobile:
	Email Address:	
Quotation No ( <b>Compulsory</b> for proper registration of samples):	Purchase Order (if any):	

Sample Information			Select test required (Please ✓)													
No. of sample containers	Name of Product	Batch #	Product Validation	Total Plate Count Specs:	Yeast & Mould count (cfu/g) Specs:	Bile-tolerant Gram Negative count Specs:	Bile-tolerant Gram Negative detection Specs:	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) *charges apply

[illegible]

**Any other special requirements** (please specify)