

MICRO SAMPLE SUBMISSION FORM		
Company:	Date Sampled: / /	Date Dispatched: / /
Address:	Email:	
Contact Name:	Phone No:	
Order No:	Comments:	

	Sample Description	Select tests required by number from list e.g. 1,3,5
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

FOODS/ENVIRONMENTAL								
1.	Aerobic Plate Count	<input type="checkbox"/>	8.	Faecal Coliforms	<input type="checkbox"/>	15.	Vibrio	<input type="checkbox"/>
2.	Bacillus cereus	<input type="checkbox"/>	9.	Lactic Acid Bacteria	<input type="checkbox"/>	16.	Yeast and Moulds	<input type="checkbox"/>
3.	Campylobacter	<input type="checkbox"/>	10.	Listeria Detection	<input type="checkbox"/>	17.	Other (Specify below)	<input type="checkbox"/>
4.	Clostridium perfringens	<input type="checkbox"/>	11.	Salmonella	<input type="checkbox"/>	18.		<input type="checkbox"/>
5.	E.coli	<input type="checkbox"/>	12.	Shigella	<input type="checkbox"/>	19.		<input type="checkbox"/>
6.	E. sakazakii	<input type="checkbox"/>	13.	Staph aureus	<input type="checkbox"/>	20.		<input type="checkbox"/>
7.	Enterobacteriaceae	<input type="checkbox"/>	14.	Total Coliforms	<input type="checkbox"/>	21.		<input type="checkbox"/>
WATERS								
20.	Total Plate Count 22°C	<input type="checkbox"/>	25.	Enterococci	<input type="checkbox"/>	30.	Sulphite Reducing Clostridia	<input type="checkbox"/>
21.	Total Plate Count 35°C	<input type="checkbox"/>	26.	Faecal Coliforms	<input type="checkbox"/>	31.	Total Coliforms	<input type="checkbox"/>
22.	Total Plate Count 37°C	<input type="checkbox"/>	27.	Legionella Screen	<input type="checkbox"/>	32.	Other (Please specify)	<input type="checkbox"/>
23.	Total Plate Count 55°C	<input type="checkbox"/>	28.	Pseudomonas	<input type="checkbox"/>			
24.	E.coli	<input type="checkbox"/>	29.	Staph aureus	<input type="checkbox"/>			

For consumables please contact the lab by email or order on e-lims

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