



# FOOD MICROBIOLOGY

## Request Form for Microbiological Analysis of FOODS

Name of Sampling Officer	Client Order No/Client Project Identifier	Job No:
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DATE/TIME RECEIVED AT LAB:  Temp °C _____	DATE/TIME SAMPLED BY HPO:  Temp °C _____	NAME AND ADDRESS FOR REPORT
HEALTH CONTRACT      YES/NO	COMMERCIAL                      YES/NO	
PHSP	STATUTORY (OFFICIAL SAMPLE)      YES/NO	FAX NO:                                      PHONE:

PROJECT IDENTIFICATION (Please tick appropriate box)			
Suspect Food Poisoning (F12) <input type="checkbox"/>	Domestic Food Monitoring (F13) <input type="checkbox"/>	Other MoH Project Code.....	
		Project Name .....	
Food Complaint (F12) <input type="checkbox"/>	Imported Food Surveillance (F14) <input type="checkbox"/>	Commercial <input type="checkbox"/>	Others

SAMPLE	FOOD CATEGORY:
Information to support analysis: _____	
_____	
_____	

**IMPORTED FOODS - COUNTRY OF ORIGIN:**

TESTS REQUIRED:	CHOOSE STANDARD TESTS OR OTHER RELEVANT TESTS		
STANDARD TESTS as specified in:	For non-standard tests, please select relevant tests only. Consult laboratory if necessary. DO NOT TICK ALL BOXES		
Food Regulations 1984: <input type="checkbox"/>	Food Poisoning organisms <input type="checkbox"/>	Salmonella <input type="checkbox"/>	Toxins <input type="checkbox"/>
- Schedule.....	Aerobic Plate Count (35°C) <input type="checkbox"/>	Campylobacter <input type="checkbox"/>	Yeast and Mould <input type="checkbox"/>
- Regulation.....	Coliforms/Faecal Coliforms <input type="checkbox"/>	<i>Listeria monocytogenes</i> <input type="checkbox"/>	Commercial Sterility <input type="checkbox"/>
Micro Reference Criteria <input type="checkbox"/>	Coagulase producing Staphylococcus <input type="checkbox"/>	<i>Yersinia enterocolitica</i> <input type="checkbox"/>	
- Criterium No .....	<i>Clostridium perfringens</i> <input type="checkbox"/>	<i>Escherichia coli</i> <input type="checkbox"/>	
Tests in project specification <input type="checkbox"/>	<i>Bacillus cereus</i> <input type="checkbox"/>	<i>Vibrio parahaemolyticus</i> <input type="checkbox"/>	

LAB NO.	CLIENT REF NO.	BATCH NO	DESCRIPTION OF SAMPLE

**NAME AND SIGNATURE OF SUBMITTING OFFICER:** \_\_\_\_\_ Continued overleaf

