


Sample Submission Form (Legal Document)

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|  Food Testing Division ISO/IEC 17025:2017 | A & B Food Testing 10200 East Freeway, Suite # 123 Houston, TX 77029 713-453-6060 info@ablabs.com www.ablabs.com | 1. REPORT TO: _____ Address: _____ Contact: _____ Phone: _____ Email: _____ | 2. INVOICE TO: Company: _____ Address: _____ Contact: _____ Phone: _____ Email: _____ | 3. PO # _____ 4. Quote ID: _____ 5. Turnaround Time <input type="checkbox"/> Partial Report: As applicable <input type="checkbox"/> Completed Report Only Food Product only Shelf Life Testing <input type="checkbox"/> Ambient <input type="checkbox"/> Frozen <input type="checkbox"/> Refrigerated |
| | A&B FOOD TESTING JOB ID _____ | | Project Name / Location _____ | |

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| 7. Reporting Requirement: COA | Standard | Include QC | Pathogen testing: Routine sample size is 25 g |
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| 8. Sampler's Name/Company /Signature/Date : | Pathogen Testing: If other than 25g, please specify |
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| 9. Product Name Lot/Batch Number | 10. Lab Use Only | 11. Testing Time Points Day/Month | 12. Testing Dates: MM/DD/YY | 13. No. of samples | Submit Date MM/DD/YY | Signature initials Client/A&B staff if applicable | Rec. Temperature ° C | pH/ Aw/%moisture | Aerobic Plate Count | Anaerobic Plate Count | Enterobacteriaceae | Total coliform/E.coli | Lactic acid bacteria | Staphylococcus aureus | Yeast & Mold | L. monocytogenese | E.coli O157:H7/STEC | Salmonella spp. | Bacillus cereus/ Clostridium spp. | Other: Sensory |
|-------------------------------------|------------------|---|--------------------------------|--------------------|-------------------------|---|----------------------|------------------|---------------------|-----------------------|--------------------|-----------------------|----------------------|-----------------------|--------------|-------------------|---------------------|-----------------|--------------------------------------|----------------|
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| 19. RELINQUISHED BY | DATE | TIME | 20. RECEIVED BY | DATE | TIME | KNOWN HAZARDS / COMMENTS: |
|---------------------|------|------|-----------------------------------|------|------|---------------------------|
| 1) | | | | | | |
| 2) | | | | | | |
| 3) | | | 21. RECEIVED BY LABORATORY | | | |

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| Methods will be selected based on the Quote. If Quote ID is not referenced, A&B Food Testing will select appropriate method based on information submitted and media availability. Specify Reporting Specs if needed | Temperature: _____ Intact? <input type="checkbox"/> Y <input type="checkbox"/> N |
| BILL OF LADING/TRACKING # _____ | METHOD OF SHIPMENT _____ Initials _____ |

A&B CANNOT ACCEPT VERBAL CHANGES. PLEASE EMAIL CHANGES TO YOUR PROJECT MANAGER.
CANCELLATION POLICY: NO REFUNDS OR CREDITS ISSUED AFTER BEING RECEIVED BY A&B OR AFTER JOB ID IS ASSIGNED

Samples will be disposed of after 15 days. A&B reserves the right to return samples.