Sample Submission Form (Legal Document)

A & B Food Testing
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Food Testing Division
ISO/IEC 17025:2017

1. REPORT TO:	**2. INVOICE TO:**	**3. PO #**
	Company:	**4. Quote ID:**
Address:	Address:	**5. Turnaround Time**
		☐ Expedite
Contact:	Contact:	
Phone:	Phone:	☐ Routine:2 - 3 days
Email:	Email:	
Email:	Email:	☐ 5 Day ☐ Other

A&B FOOD TESTING JOB ID

6. Project Name / Location

7. Reporting Requirement: COA Standard Include QC

8. Sampler's Name/Company /Signature/Date :

Pathogen testing: Routine sample size is 25 g

Pathogen Testing: If other than 25g, please specify

9. Sample Description	**10. Lab Use Only**	11. Sampling Date/Time	12. Matrix Air Plate/Water/Sponge/ Swab/Food	13. No. of samples	pH	Water Activity	Aerobic Plate count	Enterobacteriaceae	Total coliform/E.coli	Lactic acid bacteria	S. aureus	Y&M	Listeria spp.	Salmonella spp.	L. monocytogenese	E.coli O157:H7	STEC	Bacillus cereus	Clostridium spp.	Other:	Other:

19. RELINQUISHED BY	DATE	TIME	**20. RECEIVED BY**	DATE	TIME	KNOWN HAZARDS / COMMENTS:
1)						
2)						
3)			**21.RECEIVED BY LABORATORY**			

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 availibility. Specify Reporting Specs if needed

Temperature: _____
Intact? ☐ Y ☐ N
Initials _____

BILL OF LADING/TRACKING #

METHOD OF SHIPMENT

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.