

### SAMPLE SUBMITTAL FORM

Client Name		P.O Number or Project Identification		Report Data To:	
Address			Contact Person		Phone and Fax
City		State		Zip Code	email

Sample Site No. if Applicable	Lot Number	SAMPLE DESCRIPITON	ANALYSIS REQUESTED - Use Sample Key	Special Reporting Requirements

**Analytical Test Request KEY** Please call 616-837-7670 if you require a test not listed

<b>Microbiology</b>	M-1 Total Aerobic Plate Count	M-6 <i>Staphylococcus aureus</i>	M-11 <i>Campylobacter</i>
	M-2 E.coli	M-7 STEC Top Seven <i>Escherichia coli</i> *	M-12 <i>Salmonella sp</i>
	M-3 Yeast	M-8 <i>Escherichia coli</i> O157:H7 *	M-13 Coliform
	M-4 Lactobacillus	M-9 <i>Listeria monocytogenes</i> *	M-14 Mold
	M-5 Enterobacteriaceae	M-10 <i>Listeria sp</i> *	Other tests please specify or call 616-837-7670

<b>Chemistry</b>	C-1 Fat - Soxlet	C-4 Protein - Combustion	C-7 pH	C-9 Fat - Mojonnier
	C-2 Fat - Acid Hydrolysis	C-5 Moisture	C-8 Water Activity	C-10 Solids
	C-3 Protein - Keldjal	C-6 Gluten	<b>Nutritional Label N-1 Data Base N-2 Wet Chemistry</b>	
			Other tests please specify or call 616-837-7670	

<b>Feed Analysis</b>	F-1 NIR	F-2 Wet Chemistry	F-3 Manure N-P-K
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\* M- 7 and M-8 will be tested at 375 grams M-9 and M-10 at 125 grams unless noted differently

Fluid Milk Samples	<b>Use Submittal Form No. 075</b>	Shelf Life and Product Challenge	<b>Use Submittal Form No. 126</b>
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For Office Use Only:  
 Date/Time Received \_\_\_\_\_ Temp (°F) \_\_\_\_\_ Sample Condition \_\_\_\_\_ Initials \_\_\_\_\_