Alliance Analytical Laboratories, Inc.
179 West Randall Street
Coopersville, MI 49404
Phone: 616-837-7670
Fax: 616-837-7701

For Lab Use Only
Date Received _____
Time Received _____
Temperature _____
Sample Condition _____
Initials _____

SAMPLE SUBMITTAL FORM

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

- For Lab Use ONLY - Lab ID Number	Sample Description (Lot Number, Sample Site Number, etc)	Analysis Requested (Use Sample Key Below)	Special Reporting Requirements

Analytical Test Request Key

Please call 616-837-7670 if you require a test not listed.

Microbiology	M-1 Total Aerobic Plate Count	M-5 Enterobactiaceae	M-9 Listeria monocytogenes*	M-13 Coliform
	M-2 E.coli	M-6 Staphylococcus aureus	M-10 Listeria spp*	M-14 Mold
	M-3 Yeast	M-7 STEC Top Seven Escherichia coli*	M-11 Campylobacter	M-15 DMSCC (Somatic Cell)
	M-4 Lactobacillus	M-8 Escherichia coli 0157-H7*	M-12 Salmonella spp	M-16 DMC
Chemistry	C-1 Fat – Soxhlet	C-4 Protein – Combustion	C-7 pH	C-10 Solids
	C-2 Fat – Acid Hydrolysis	C-5 Moisture	C-8 Water Activity	C-11 ABV
	C-3 Protein – Kjeldahl	C-6 Gluten	C-9 Fat – Mojonnier	

***M-7 and M-8 will be tested at 375 grams. M-9 and M-10 will be tested at 125 grams unless noted differently.**

** Please note that samples will be tested **as received** unless a maximum Temperature at Receipt is specified under Special Reporting Requirements***