



**TASMANIAN
LABORATORY
SERVICES**
Quality is in our DNA

Food Request Form

CONTACT INFORMATION	
Company:	
Address:	
Contact:	Collected by:
Phone:	Fax:
Email:	
Reference:	
Purchase Order No:	Account to:
Copies To:	
Reports forwarded by (please tick): Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/>	

DATE SAMPLED:	
TIME SAMPLED:	
Rec'd at TasLab by:	
DATE:	
TIME:	
TEMP:	
CONDITION:	
SAMPLE DESCRIPTION:	

Sample No.	Sample Description	Batch Code	Standard Plate Count	Salmonella	Listeria	E. coli	Coliforms	Coag. Pos. Staph.	Yeast & Mould	Bacillus cereus	Campylobacter	Clostridium perfringens	Phosphatase	Composite	Other (please specify)
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
OFFICE USE ONLY		DATE W996	W225 W226 Rinse	W452	W448	W336 QC W341	W336 QC W331	W070 QC W351	W080 QC W261 W262	W375 QC W370	W315 QC W311	W385 QC W380	W425	W982	SENDAWAY 988