



SOUTH AUSTRALIAN  
ANALYTICAL LABORATORY  
SERVICES

SA Analytical Laboratory Services Pty Ltd  
ABN: 36 132 336 906

Address for delivery: SA Analytical Laboratory Services  
53A, Lavinia Street, Athol Park, SA 5012.

Postal Address: SA Analytical Laboratory Services  
PO Box 222 Kilkenny SA 5009  
Phone :1300 386 811 Fax: (08) 83410345

## Sample Submission Form

Company:	Client code:
Telephone:	Order No:
Address:	
Sample Description:	
Batch Code:	
Date of Collection	Time: am / pm

**TESTS REQUIRED - please tick the box** ✓

Microbiological Examination	
<input type="checkbox"/>	Thermotolerant coliforms
<input type="checkbox"/>	Bacillus cereus
<input type="checkbox"/>	Campylobacter
<input type="checkbox"/>	Clostridium Perfringens
<input type="checkbox"/>	Coagulase positive Staphylococci
<input type="checkbox"/>	Coliforms/E.coli PF
<input type="checkbox"/>	E. coli/Coliform MPN
<input type="checkbox"/>	Enterobacteriaceae
<input type="checkbox"/>	Enterococci
<input type="checkbox"/>	Faecal streptococci
<input type="checkbox"/>	Lactic Acid Bacteria
<input type="checkbox"/>	Legionella pneumophila
<input type="checkbox"/>	Listeria species
<input type="checkbox"/>	Listeria monocytogenes
<input type="checkbox"/>	Salmonella
<input type="checkbox"/>	Total Viable Count PF
<input type="checkbox"/>	Standard Plate count
<input type="checkbox"/>	Vibrio cholerae
<input type="checkbox"/>	Vibrio parahaemolyticus
<input type="checkbox"/>	Water Activity
<input type="checkbox"/>	Yeast & Moulds
<input type="checkbox"/>	Pseudomonas
<input type="checkbox"/>	Pseudomonas aeruginosa
<input type="checkbox"/>	pH

Chemical Analysis	
<input type="checkbox"/>	Aflatoxin Screen
<input type="checkbox"/>	Cadmium
<input type="checkbox"/>	Calcium
<input type="checkbox"/>	Cholesterol
<input type="checkbox"/>	Energy Value
<input type="checkbox"/>	Fat profile
<input type="checkbox"/>	Fatty Acid Profile
<input type="checkbox"/>	Pesticide Residue supermarket screen
<input type="checkbox"/>	Gluten
<input type="checkbox"/>	Heavy Metals
<input type="checkbox"/>	Sulphite
<input type="checkbox"/>	Sodium
<input type="checkbox"/>	Nutritional Information Panel without/with Dietary fibre
<input type="checkbox"/>	Protein
<input type="checkbox"/>	Meat Speciation
<input type="checkbox"/>	Moisture
<input type="checkbox"/>	Nitrate / Nitrite
Milk Analysis	
<input type="checkbox"/>	Antimicrobial substances in milk
<input type="checkbox"/>	Fat
<input type="checkbox"/>	Lactose
<input type="checkbox"/>	Solids Non Fat
<input type="checkbox"/>	Total Solids
<input type="checkbox"/>	Protein
<input type="checkbox"/>	Somatic Cell Count
<input type="checkbox"/>	Bacterial Cell Count

**Additional Notes (request for eskies, water bottles, sample containers etc):**

<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Office use only</b></p>
	Date of receipt:
	By:
	Any details: