

RML-F050: Roesink Labs Master CoC
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Sample Analysis Submission Form - Food Testing Division

Contact Information

Client:		E-Mail:	
Contact:		Phone #:	
Address:		Fax #:	
Date:		PO:	

Sample I.D.	Sample Description (e.g. type, lot, sell by date, size, case history)	Date Sampled	Time Sampled (optional)	Requested Analysis & Method (Please use Analysis Codes)	ANALYSIS CODES
1					<u>PATHOGEN ANALYSIS CODES:</u> SA - <i>Staphylococcus aureus</i> LM - <i>Listeria monocytogenes</i> SAL - <i>Salmonella</i> EC-O157 - <i>Escherichia coli</i> O157:H7 C-Perf - <i>Clostridium perfringens</i> <u>QUANTITATIVE BACTERIAL ANALYSIS:</u> APC - Aerobic Plate Count HPC - Heterotrophic Plate Count PSY - Psychrotrophic Plate Count <u>SL STUDY: Shelf Life Study</u> (Please indicate desired frequency and duration of tests for shelf life studies) <u>FOOD CHEMISTRY:</u> pH aW - Water Activity <u>BACTERIAL ANALYSIS CODES:</u> CC - Coliforms EC - <i>Escherichia coli</i> EC/CC - <i>Escherichia coli</i> / Coliforms EB - Enterobacteriaceae LAC - <i>Lactobacillus</i> species Ls - <i>Listeria</i> species STAPH - <i>Staphylococcus</i> species YM - Yeast/Mold TC/EC - Total Coliforms/ <i>E. coli</i>
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Special Instructions

For Laboratory Use Only

Date Received: _____ / _____ / _____ Report Date: _____ / _____ / _____

Coolant -Dry Ice -Ice Pack -None

Sample -Frozen -Thawed Temperature: _____ °F _____ °C

Sample Observations: (ie: appearance, scent, texture, etc)

Condition For Analysis: -Acceptable -Unacceptable