

COMPANY DETAILS (*Compulsory)		ACCOUNT DETAILS (*Compulsory - Please Complete)	
*Company Name:		*Guarantor ID No:	
*Postal Address:		*Postal Address:	
*Responsible Person:		*Tel H/Cell:	
*Tel H/Cell:		*Email:	
*Email:			
I hereby certify that the above information is correct. I undertake to pay all outstanding monies I fully understand the implications of the tests			
Company Representative Signature		Guarantor Representative Signature	
Sample(s) collected by:		Copies to:	
Location:		Contact Person:/ Cell:	
Date:		Email:	

Samples Requirements:

Water: Minimum of 150ml per test is required. **Hygienic Samples:** Swabs must be taken in 25cm². **Food / Feed:** Minimum of 100g per test is required.

Water Analysis			Method: Membrane Filtration		
Test	Tick			Sample Description	
	Quantitative	Qualitative	ID	Code	Description (Individual Samples)
Heterotrophic Plate Count					
E. coli					
Coliforms					
Pseudomonas aeruginosa					
Pseudomonas spp.					
Salmonella					
Other: Specify					

Hygiene Testing		Quantitative - Pour Plate			Qualitative - Streak / Direct Contact	
Test	Tick			Sample Description		
	Quantitative	Qualitative	ID	Code	Description (Individual Samples)	
Aerobic Mesophilic Plate Count						
Total Enterobacteriaceae Count						
Coliforms						
E. coli						
Pseudomonas spp.						
Pseudomonas aeruginosa						
Staphylococcus spp.						
Salmonella spp. Qualitative Test						
Campylobacter spp.						
Clostridium spp.						
Listeria spp. Qualitative Test						
Enterococcus spp.						
Yeast spp						
Yeast and Mould Plate Count						
Bacillus cereus						
Lactobacilli spp.						
Mould spp.						

Airplates					
Test	Tick			Sample Description	
	Quantitative	Qualitative	ID	Code	Description (Individual Samples)
Aerobic Mesophilic Plate Count					
Yeast and Mould Plate Count					
Other: Specify					

