

Laboratory Request Form – Food Microbiology



ACE Laboratory Services

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Company Name:

Contact:

Street Address

Email Address:

Phone:

Laboratory Use Only

Lab No:

Date Received:

Charge:

#	Sample Description	Tests Required (please tick)																				Other Test (Specify)
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
1																						
2																						
3																						
4																						
5																						

Instructions:

Test #	General Tests (Enumeration)	Test #	Pathogen Tests (Presence/Absence)	Test #	PCR (BAX) Tests (Presence /Absence)	Test #	Water Tests
1	Total Plate Count	7	Salmonella	13	Salmonella	17	Heterotrophic Plate Count
2	Coliform	8	Listeria species	14	E. coli 0157	18	Coliform/100mL
3	E. coli	9	Listeria monocytogenes	15	Listeria monocytogenes	19	E. coli/100mL
4	Yeast & Mould	10	Campylobacter	16	Campylobacter	20	Salmonella/1Lt
5	B. cereus	11	Campylobacter (Enumerate)				
6	Coag. Pos. Staph.	12	C. perfringens (Enumerate)				

If unsure please contact us on 03 5443 9669 or micro@acelabservices.com.au to discuss your testing requirements.