

Laboratory Request Form – Food and Water Microbiology



ACE Laboratory Services

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Company Name:

Contact:

Street Address

Email Address:

Phone:

Laboratory Use Only

Lab No:

Date Received:

Charge:

Collection Date:

Collection Time:

#	Sample Type Swab/product/ water etc.	Sample Details	Tests Required (please tick)																	Other Test (Specify)
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	
1																				
2																				
3																				
4																				
5																				

Instructions:

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

Please contact us on 03 5443 9665 or micro@acelabservices.com.au for additional information.