

# FOOD HYGIENE LABORATORY REQUEST FORM



Corporate Accreditation No. 2392  
 NATA Accreditation No. 2851

Company Name:  Address:  Contact Name: <span style="float:right">Contact Phone:</span> Contact Email: Date Sampled: <span style="float:right">Sampled by:</span> Purchase Order Number: <span style="float:right">Signed:</span>	Purpose of Analysis (please tick) <input type="checkbox"/> Food Complaint (please complete back of the form) <input type="checkbox"/> Food Poisoning (please complete back of the form) <input type="checkbox"/> Routine Monitoring: Total Plate count, <i>E. coli</i> count and Coagulase Positive Staph count. <i>L. monocytogenes</i> and <i>Salmonella spp</i> detection.  Or Select Tests <input type="checkbox"/> Total Plate count <input type="checkbox"/> <i>E.coli</i> count <input type="checkbox"/> Coag Pos Staph count <input type="checkbox"/> <i>L. monocytogenes</i> <input type="checkbox"/> <i>Salmonella spp</i> <input type="checkbox"/> <i>Bacillus cereus</i> <input type="checkbox"/> <i>Clostridium perfringens</i> <input type="checkbox"/> <i>Campylobacter spp</i> <input type="checkbox"/> <i>Vibrio spp</i> <input type="checkbox"/> Yeast and Mould  Other Tests _____	Additional Sample Comments:       Survey Code
---	---	--

Laboratory Use Only	Sender's Number	Food Type (include lot numbers)	Brand	Date of Manufacture	Use by Date	Temp (°C)

Delivery Method Courier      Client O/N Trolley      Other	By	Temperature:	Report Type: Authorised By: Date:	Emailed:
Date and Time Received:				

## FOOD COMPLAINT / POISONING INCIDENT REPORT

Did the complainant consume the sample submitted?    Yes     No

Number of persons affected: \_\_\_\_\_ Date / time food consumed: \_\_\_\_\_

Number of persons at risk: \_\_\_\_\_ Date / time onset of illness: \_\_\_\_\_

Symptoms:

Diarrhoea                       Stomach Cramps                       Rash                       Fever                       Vomiting

Other (specify): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

All foods consumed 48 hours prior to onset:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Sender's Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_