

FOOD HYGIENE LABORATORY REQUEST FORM



Corporate Accreditation No. 2392
 NATA Accreditation No. 2851

Company Name:	Purpose of Analysis (please tick)	Additional Sample Comments:
Address:	<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 Including: Total Plate Count E. coli Count Coag Pos Staph Count Salmonella L. monocytogenes <input type="checkbox"/> Other Tests _____	Survey Code
Contact Name:		
Contact Phone:		
Contact Email:		
Date Sampled:		
Purchase Order Number:		
Signed:		

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

Date and Time Received:	By:	Temperature:	Report Type: Authorised By: Date:	Emailed:
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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:
