PathWest LABORATORY MEDICINE WA

Food Hygiene Laboratory
Environmental Microbiological Unit
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ABN: 83 469 340 804

FOOD HYGIENE LABORATORY
REQUEST FORM

Corporate Accreditation No. 2392
NATA Accreditation No. 2851

Company Name:

Address:

Contact Name: Contact Phone:

Contact Email:

Date Sampled: Sampled by:

Purchase Order Number: Signed:

Purpose of Analysis (please tick)

- ☐ Food Complaint (please complete back of the form)
- ☐ Food Poisoning (please complete back of the form)
- ☐ Routine Monitoring: Total Plate count, *E. coli* count and Coagulase Positive Staph count. *L. monocytogenes* and *Salmonella spp* detection.

Or Select Tests

- ☐ Total Plate count
- ☐ Coag Pos Staph count
- ☐ *Salmonella spp*
- ☐ *Clostridium perfringens*
- ☐ *Vibrio spp*
- ☐ *E.coli* count
- ☐ *L. monocytogenes*
- ☐ *Bacillus cereus*
- ☐ *Campylobacter spp*
- ☐ 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

Date and Time Received:

By

Temperature:

Report Type:
Authorised By:
Date:

Emailed:

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: