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FOOD HYGIENE LABORATORY **REQUEST FORM - SWABS**



Company Name:		Testing Required (please tick)	Additional Sample Comments:	
		Total Plate Count		
Address:		AND		
		E.coli Count		
		OR		
Contact Name:	Contact Phone:	Listeria monocytogenes		
		OR		
Contact Email:		Salmonella spp		
Date Sampled:	Sampled by:	Note:	Survey Code	
Purchase Order Number:	Signed:	Please supply separate swabs for: Total Plate / E coli Counts (collect 1 swab)		
		L. monocytogenes (collect 1 swab)		
		Salmonella spp (collect 1 swab)		

Laboratory Use Only	Client's Reference Number	Site Description	Area Swabbed 10x10 cm OR ITEM OR UTENSIL	Laboratory Use Only	Client's Reference Number	Site Description	Area Swabbed 10x10 cm OR ITEM OR UTENSIL
Delivery Method Courier Client O/N Trolley Other	Dete and Time Dessionds	Ву:	Temperature:	Report Type: Authorised By: Date:		Emailed	
	Date and Time Received:						

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