

Client Information	
Company:	Contact Name:
Address:	Phone #:
	E-Mail:
Invoice Contact:	Invoice Email:

Please provide at least 100 grams of sample for each submission

Lab Hours: 7AM-3PM, Monday-Friday

Sample Information	
Handling Requirements: Frozen, Refrigerated, Ambient	
Sampling Date:	Ship Date:
Prepared by:	
Special Instructions:	

MICRO-CHEM LABORATORIES, INC 711-6th Avenue N., Suite 100 Seattle, WA 98109 Tel.: 206-633-3637 Email: lab@MCLfoodtesting.com ISO/IEC 17025:2005 Accredited		Enumerated Analysis								Pos/Neg Screen					Circle Choice if more than one is listed				Circle Choice		
		Total Plate Count	Total Yeast & Mold	Total Staphylococcus	Total Staph. Aureus	Total Coliform	Total E.coli	Enterobacteriaceae	Lactic Acid Bacteria	Salmonella	Listeria Genus	Listeria Monocytogenes	E.coli O157:h7	Vibrio	PH, Water Activity	Salt, Moisture	Water Phase Salt	Fat	Milk, Soy, Gluten,	Peanut, Egg, Crustacea	Other
#	Sample Description																				
Recorded By:																					
MCL LAB USE ONLY		<div><div><div><input type="checkbox"/> Rec. By</div><div><input type="checkbox"/> Login</div><div><input type="checkbox"/> Plate Set-Up</div><div><input type="checkbox"/> Weigh</div><div><input type="checkbox"/> Pipette</div><div><input type="checkbox"/> TEMPO</div></div><div><div>Date Received:</div><div></div></div></div> <div><div><input type="checkbox"/> Rec. By</div><div><input type="checkbox"/> Login</div><div><input type="checkbox"/> Plate Set-Up</div><div><input type="checkbox"/> Weigh</div><div><input type="checkbox"/> Pipette</div><div><input type="checkbox"/> TEMPO</div></div> <div><div>Sample Condition/Temp:</div><div></div></div>																			

☐ Rec. By

☐ Login

☐ Plate Set-Up

☐ Weigh

☐ Pipette

☐ TEMPO

MDS(Lg):

Pending Report:

☐ Rec. By

☐ Login

☐ Plate Set-Up

☐ Weigh

☐ Pipette

☐ TEMPO

MDS(Slm):

Final Report:

☐ Rec. By

☐ Login

☐ Plate Set-Up

☐ Weigh

☐ Pipette

☐ TEMPO

BAX: