

BioFoodTech Sample Submission Form

Telephone: (902) 368-5937; Courier Address: 101 Belvedere Avenue, Charlottetown, PE C1A 6B3

LABORATORY SERVICES

Sample receipt: Mon-Fri 8:00 AM – 4:00 PM		ANALYSIS REQUESTED:														
Client Name:		Total Aerobic Plate Count	E.coli / Total Coliforms	Staphylococcus aureus	Salmonella spp.	Listeria monocytogenes	Total Yeast / Mold	E.coli O157:H7	Enterobacteriaceae spp.	Water - Total Coliforms / E.coli	Faecal Coliforms	Swabs - Listeria species	pH	Water Activity	Other:	
Send Report to (list all recipients):																
Signature of requester:																
E-mail:																
Client PO#:	Project# / LR#:															
SAMPLE IDENTIFICATION		BFT File #		PLEASE CHECK ANALYSIS REQUESTED												

Laboratory Use Only					
Rec'd by: _____	Time: _____	Temp: _____	Storage: _____	Date: _____	
Reported by: _____	Date: _____		Invoiced by: _____	Date: _____	
Reviewed by: _____	Date: _____				

CONFIDENTIALITY: All work will be performed in confidence. Results are only released to the client or the client's designated agent.

WARRANTY AND LIMITS OF LIABILITY: Our warranty is limited to the accuracy of samples as received. We assume no responsibility for the purpose for which the client uses the test results, nor liability for any other warranties expressed or implied, including warranties of fitness for particular purpose or merchantability made by the client. These terms and conditions shall supersede any conflicting terms and conditions stated on any purchase order, or other order of work submitted by the client.

NOTE: Signature is required for analysis to commence. Please contact the lab for any additional information not provided.