

Horticulture Submission Form

Company:

Order No:

Address:

Contact:

Phone:

Email:

Sample Details:

Batch Code:

Collection Date:

Time:

TESTS REQUIRED - PLEASE TICK AND SPECIFY REQUIRED SENSITIVITY OR REPORTING UNITS (if known)**Microbiology**

- | | |
|---|--|
| <input type="checkbox"/> Salmonella | <input type="checkbox"/> E. coli |
| <input type="checkbox"/> Listeria <input type="checkbox"/> Listeria monocytogenes | <input type="checkbox"/> Thermotolerant (Faecal) coliforms |
| <input type="checkbox"/> Other - please add below | <input type="checkbox"/> Coagulase positive Staphylococci |

Water Testing

- | | |
|---|---|
| <input type="checkbox"/> E. coli | <input type="checkbox"/> Standard Plate Count <input type="checkbox"/> 22°C <input type="checkbox"/> 36°C |
| <input type="checkbox"/> Salmonella | <input type="checkbox"/> Coliforms |
| <input type="checkbox"/> Legionella | <input type="checkbox"/> Thermotolerant (Faecal) coliforms |
| <input type="checkbox"/> Other - please add below | <input type="checkbox"/> Faecal Streptococci |

Chemistry

- | | |
|---|----------------------------------|
| <input type="checkbox"/> Lead | <input type="checkbox"/> Cadmium |
| <input type="checkbox"/> Pesticide Residue Screen C6 Supermarket Screen | <input type="checkbox"/> Mercury |
| <input type="checkbox"/> Pesticide Residue Screen C3 | <input type="checkbox"/> NIP |
| <input type="checkbox"/> Other Heavy Metals - please add below | |

Plant

- | | |
|--|--|
| <input type="checkbox"/> ToBRFV - Tomato virus testing | |
| <input type="checkbox"/> Other - please add below | |

Additional Notes & Requests (eskies, sample containers etc)

Receival (Lab use only)

Date:	Temp:
Time:	By: