

DELIVERY ORDER
FOR FOOD TESTING (MICROBIOLOGICAL, MOLECULAR BIOLOGY & THE CHEMICAL ANALYSES)
Customer details for invoicing:

Name of the Company	Phone:
Address:	Fax:
Contact person:	E-mail:
Sender's name/signature:	

No.	Sample name	Batch/ lot no.	Product. date	Expiry date	sample's weight	Microbiological analyses	No. of sample (separate with comma)	Pooled sample	Unit
1						<i>Bacillus cereus</i>			cfu/g
2						<i>Clostridium perfringens</i>			cfu/g
3						Coliforms			cfu/g
4						Enterobacteriaceae			cfu/g
5						<i>Escherichia coli</i>			cfu/g
6						Moulds			cfu/g
7						<i>Listeria monocytogenes</i>			cfu/g
8						Detection of <i>Listeria monocytogenes</i>			25 g
10						Aerobic plate count			cfu/g
						Yeasts			cfu/g
11						Detection of <i>Salmonella spp</i>			10/25 g
12						Coagulase-positive staphylococci (<i>S.aureus</i> and other species)			cfu/g
14						Molecularbiological analyses (PCR)			
15						<i>Listeria monocytogenes</i>			25 g
18						Detection of <i>Salmonella spp</i>			25 g
19						The chemical analysis			
20						Measurement of pH			

Date of sampling (time):	Reporting of the test results by (mark by cross)
	pdf file by e-mail
Shelflife test; Analysis start date; Storage conditions	report by ordinary mail

Receiver (Icosagen's laboratory):

Date of arrival of the sample:	Status of sample in arrival	
Time of arrival:	Fits the requirements	Problems appeared
Name of receiver:	Package damaged	
Signature of receiver:	Other	
Order no:	Customer contacted (date, time):	
	Decision/remarks:	