



Sample Request Form

3700 Downwind Drive
Marshfield, WI 54449
Phone: 715-898-1402
Fax: 715-898-1408

Client Name:
Address:

Customer #
Phone:
Email:
Fax:

Sample Description

	"Sample A"			
Aerobic Plate Count (SPC)				
Anaerobic Plate Count				
Bacillus Cereus Count	X			
Coliform Count, Total				
E. coli/ Coliform Count				
Enterobacteriaceae Count	X			
Heter. Lactobacillus				
Staphylococcus aureus				
Thermophilic Bacteria	X			
Total Lactic Acid Bacteria				
Yeast and Mold Rapid Count				
Clostridium species				
Clostridium Sulfite Reducing				
Acidity, Titratable	X			
Ash				
Babcock/Mojonnier Fat				
% Moisture or % Solids				
pH				
% Protein, Kjeldahl				
% Salt				
Scorched Particles				
E.coli O157 H:7				
* Salmonella *				
* Listeria *				
E. Sakazakii (Cronobacter)				
Vitamin A				
Vitamin C				
Vitamin D				
Nitrate and Nitrite				
Nitrate only				
Lactose				
Crude Fiber				
Sugar Profile				
Other				