

Mill Identification

| | |
|-------|---|
| Name: | Code: <small>For quality control only</small> |
|-------|---|

Sales Representative

| | |
|-------|-------|
| Name: | User |
| | Code: |

Producer Identification

| | |
|-------|-----------|
| Name: | CRM Code: |
|-------|-----------|

Sampling Date

Representative Email and Phone Number

Check this box for new customer:

Temperature upon receipt of the sample: _____ °C

Laboratory use only

Product Description

Product Code

| | |
|--------------|--------------|
| Dry sample | Fat |
| Humid sample | Meat |
| Liquid | Other: _____ |

Requested Analyses

Salmonella spp (MFLP-49)

Yeast (MFHPB-32)

Mold (MFHPB-32)

Total Count (MFHPB-33)

Total Coliforms (MFHPB-35)

Enterobacteria ceae (MFLP-09)

E.Coli (MFHPB-34)

Other: _____

Additional Information

This form must be associated with only one sample

Information on this report are confidential