



MICROBIOLOGY ANALYSIS REQUEST FORM

Please fill out and return with sample. Use separate Analysis Request Forms if analyses vary per sample.

Company Name: Date:
Address: Contact:
Phone No.:
Fax No.:

E-Mail(s):

Identification of Sample(s):

Sample 1:
Sample 2:
Sample 3:
Sample 4:
Sample 5:

\*Please provide detailed instructions on how products should be composited if required. Please note that a composite fee may apply depending on sample type and size.\*

Yes, I am a new account to Michelson Laboratories, prepayment required.

Call with Results E-mail Results Fax Results

Quote Reference:

MICROBIOLOGICAL ANALYSES:

- Aerobic Plate Count / Standard Plate Count
Airborne Bacteria Count
Airborne Yeast and Mold
Anaerobic Plate Count
Bacillus cereus
Campylobacter ELFA-VIDAS 25g
Campylobacter ELFA-VIDAS 375g
Clostridium perfringens
Coliform MPN
Coliform 3M Petrifilm
Coliform VRB
Coliform SWAB
E. coli MPN
E. coli 3M Petrifilm
E. coli MUG
E. coli SWAB
E. coli O157:H7 ELFA-VIDAS 25g
E. coli O157:H7 ELFA-VIDAS 375g
E. coli O157:H7 PCR-GDS 25g
E. coli O157:H7 PCR-GDS 100g
E. coli O157:H7 PCR-GDS 375g
E. coli O157:H7 RapidChek 25g
E. coli O157:H7 RapidChek 12HRS 375g
Top 7 STEC PCR-GDS
Enterobacteriaceae 3M Petrifilm
Lactic Acid Bacteria
Listeria spp. Cultural
Listeria spp. ELFA-VIDAS 25g
Listeria spp. ELFA-VIDAS 375g
Listeria spp. PCR-GDS 25g

- Listeria spp. PCR-GDS 375g
Listeria spp. RapidChek 24Hr SWAB
Listeria monocytogenes ELFA-VIDAS 25g
Listeria monocytogenes ELFA-VIDAS 375g
Listeria monocytogenes PCR-GDS 25g
Listeria monocytogenes PCR-GDS 375g
Pseudomonas aeruginosa FDA
Pseudomonas spp.
Salmonella spp. Cultural
Salmonella spp. ELFA-VIDAS 25g
Salmonella spp. ELFA-VIDAS 375g
Salmonella spp. PCR-GDS 25g
Salmonella spp. PCR-GDS (USDA) 100g
Salmonella spp. PCR-GDS 375g
Staph aureus Coagulase+ AOAC
Staph aureus 3M Petrifilm
Staphylococcus enterotoxin ELFA-VIDAS
Vibrio spp.
Yeast & Mold FDA
Yeast & Mold Isogrid
Yeast & Mold 3M Rapid Petrifilm
Yeast & Mold Rinse

USP

- Antimicrobial Effectiveness Study
E. coli USP
Enterobacteriaceae /Bile Tolerant Gram - USP
Pseudomonas aeruginosa USP
Salmonella USP
Staph aureus Coagulase+ USP
Yeast & Mold USP

MICRO IDENTIFICATION:

- Bacterial ID-VITEK 2
Fungal ID

MICRO WATER ANALYSES:

- Coliform Colilert (Presence/Absence)
Coliform Colisure (Presence/Absence)
Coliform, TOTAL MPN
Coliform, FECAL MPN
E. coli Colilert (Presence/Absence)
E. coli Colisure (Presence/Absence)
E. coli MPN
Enterococcus Enterolert
Heterotrophic Bacteria (HPC)
HPC (8 Hour Holding Time from Sampling)
Coliform (30 hour Holding Time from Sampling)

OTHER

- pH
Water Activity Aw
Other

SHELF-LIFE STUDY

- Shelf-Life Study (Please provide supporting documents incl. quotes/ study parameters i.e. Temp range/ study duration)

NOTES: \*Minimum Sample Size 25g for each analysis unless otherwise specified\*

\*\*All swab analyses require one swab per pathogen and have a holding time of 24 hrs from swabbing\*\*

\*\*\*Please specify any special reporting requirements.\*\*\*

Authorizing Signature: Date:

Additional Instructions:



# Michelson Laboratories, Inc.

Our experience is your protection

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Revised on: 8/30/2016  
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## MICROBIOLOGY ANALYSIS REQUEST FORM (Addl. Samples)

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Company Name:	Date:
Address:	Contact:
	Phone No.:
	Fax No.:
E-mail(s):	

### Identification of Sample(s):

Sample 6: \_\_\_\_\_

Sample 7: \_\_\_\_\_

Sample 8: \_\_\_\_\_

Sample 9: \_\_\_\_\_

Sample 10: \_\_\_\_\_

Sample 11: \_\_\_\_\_

Sample 12: \_\_\_\_\_

Sample 13: \_\_\_\_\_

Sample 14: \_\_\_\_\_

Sample 15: \_\_\_\_\_

Sample 16: \_\_\_\_\_

Sample 17: \_\_\_\_\_

Sample 18: \_\_\_\_\_

Sample 19: \_\_\_\_\_

Sample 20: \_\_\_\_\_

### Additional Instructions:

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### NOTES:

- \*Please provide detailed instructions on how products should be composited if required. Please note that a composite fee may apply depending on sample type and size.\*
- \*\*Minimum Sample Size 25g for each analysis unless otherwise specified.\*\*
- \*\*\*All swab analyses require one swab per pathogen and have a holding time of 24 hrs from swabbing.\*\*
- \*\*\*\*Please specify any special reporting requirements.\*\*\*\*

Authorizing Signature:	Date:
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\*A \$75.00 Minimum charge per submission applies.  
\*\*Michelson Laboratories, Inc. performs over 400 tests, if you do not see your test here please contact us.