

**Food Testing Request Form\***

All personal information and data resulting from analyses will be kept confidential in accordance with the policies of  
MLS BioDNA Ltd. and the Maltese Data Protection Act, 2001.

\*One form to be filled for each sample

Lab Number:

Date of request:

Name/Company:

Address:

Date of sampling:

Batch Number:

Description of  
sample:

Reason for testing:  Routine

Legal

**Billing Information**

Name: \_\_\_\_\_

Phone/Fax Number: \_\_\_\_\_

Address:

Results to be sent by:  Fax  
 Email  
 Mail

**Tests Requested**

FT001 Nutritional Analysis of Food

FT002 *Salmonella enteritidis*

FT003 *Campylobacter jejuni*

FT004 *Listeria monocytogenes*

FT005 *E.coli 0157*

FT006 Escherichia coli

Total Aerobic Count

Salmonella

Other Tests: \_\_\_\_\_

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**FOR LABORATORY USE ONLY**

Received by: \_\_\_\_\_

Date and time: \_\_\_\_\_

**Condition Received:**

Frozen  Refrigerated  Ambient  Hot  Good  Poor  Damaged  Delayed in shipping

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Customer Release (sign and date)

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