



Food Allergen Testing

Please fill out the form clearly and return it by fax or enclosing with the test sample. Information provided will be used on the test report.

Company Name :	Date :	Quotation No.:	
	Contact Person :		
Address :	Tel :		
	Fax :		
	Email :		
Report Language : (Please check as appropriate) English Traditional Chinese Simplified Chinese			
Report delivery to (name and/or address if different from above):			
Invoice to (name and/or address if different from above):			

Item	Sample Description (e.g. product name, etc)	Sample Size	Other Information (for report purpose)
1.			
2.			
3.			

Test(s) Requested (please check as appropriate)
Protein Detection (ELISA) <input type="checkbox"/> Casein (Milk) <input type="checkbox"/> Beta-Lactoglobulin (Milk) <input type="checkbox"/> Egg White (Egg)
DNA Detection (PCR) <input type="checkbox"/> Gluten (Cereals) <input type="checkbox"/> Wheat (Cereals) <input type="checkbox"/> Shrimp (Crustaceans) <input type="checkbox"/> Crustaceans <input type="checkbox"/> Fish <input type="checkbox"/> Peanuts <input type="checkbox"/> Soya <input type="checkbox"/> Brazil nut (Tree nuts) <input type="checkbox"/> Almond (Tree nuts) <input type="checkbox"/> Walnut& Pecan nut (Tree nuts) <input type="checkbox"/> Hazelnut (Tree nuts) <input type="checkbox"/> Macadamia nut (Tree nuts) <input type="checkbox"/> Pistachio (Tree nuts) <input type="checkbox"/> Cashew (Tree nuts) <input type="checkbox"/> Mustard <input type="checkbox"/> Celery <input type="checkbox"/> Sesame seed
Enzymatic Detection <input type="checkbox"/> Sulphite
Sample Storage Condition (please check as appropriate):
<input type="checkbox"/> Frozen <input type="checkbox"/> Refrigerated (0-4°C) <input type="checkbox"/> Room Temp. <input type="checkbox"/> Other _____
Sample packing (please check as appropriate):
<input type="checkbox"/> in original packing <input type="checkbox"/> in sterile container <input type="checkbox"/> Other _____

Please note: All TFSL testing and technology supports are provided by Hai Kang Life Corporation Limited.

Customer Signature with Company Stamp
Please see attached terms and conditions and sample size instructions
PM03-018a (1/2008)

FOR OFFICIAL USE ONLY
Order Form No.:
Sample receive date:
Completion date:
Handled by: