



## Food Safety 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)	Qty	Test Requested		Other Information (for report purpose)
			DNA Pathogen Detection	Bacterial Culture Detection	
1.					
2.					
3.					
4.					

<b>Sample Storage Condition</b> (please check as appropriate):
<input type="checkbox"/> Frozen <input type="checkbox"/> Refrigerated (0-4°C) <input type="checkbox"/> Room Temp. <input type="checkbox"/> Other _____
<b>Sample packing</b> (please check as appropriate):
<input type="checkbox"/> in original packing <input type="checkbox"/> in sterile container <input type="checkbox"/> Other _____

<b>FOR OFFICIAL USE ONLY</b>
Order Form No.:
Sample receive date:
Completion date:
Handled by:

Customer Signature with Company Stamp  
Please see attached terms and conditions and sample size instructions

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