


PHARMACEUTICAL MICROBIOLOGY - SAMPLE SUBMISSION FORM

 <p>ALS Food & Pharmaceutical 10/2-8 South St Rydalmere NSW 2116 T: +61 2 8832 7500 F: +61 2 9898 3472</p> <p>Office use only: Affix ALS Workorder label</p>	Company Name:	
	Contact Person:	
	Street Address:	
	Email Address:	
	Phone:	



Office use only:

Date:

Time:

Condition:

Opened by:

Purchase Order No.		Special Instructions:	
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Sample Name	Testing Required (please tick tests required)													
	1	2	3	4	5	6	7	8	9	10	11	12	13	Other (please specify)

Do you require a separate report for each sample:		Samples to be composited:	
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Test No.	Test Description	Test No.	Test Description	Test No.	Test Description
1	Total Aerobic Microbial Count Enumeration BP	6	Salmonella Presence/Absence BP	10	Total Aerobic Microbial Count – Filtration
2	Total Yeast & Mould – Enumeration BP	7	Bile Tolerant Gram Negative Bacteria BP	11	Pseudomonas species – Water
3	Staphylococcus aureus - Presence / Absence BP	8	Pseudomonas aeruginosa - Presence / Absence BP	12	Preservative Efficacy – BP
4	E. coli Presence/Absence BP	9	Pseudomonas species - Presence / Absence	13	Sterility - Biological Indicators
5	Enterobacteriaceae				

Please enclose a hard copy of this completed form with the samples