

## Microbiology testing Submission form

0800 474 225 I www.awanuiscientific.co.nz

CL	IENT DETAILS:			
Company name:		Ref	Reference number:	
Address:				
		Pur	Purchase order number:	
Contact person:		Dat	Date sent:	
Phone:				
Email:		Sar	Sample condition:	
SA	MPLE DETAILS:			
1.		7.	7.	
2.		8.	8.	
3.		9.	9.	
4.		10.	10.	
5.		11.	11.	
6. 12.				
TE	STING REQUIRED:			
Swabs and product		Wa	Water	
	Air plates: yeast and mould / bacteria		Total aerobic counts at 22°C and 37°C	
	Bacillus cereus count		Total/faecal coliform/ <i>E.coli</i> counts	
	Clostridium perfringens count	En	vironmental swabs	
	Coagulase-positive Staphylococci count		Listeria isolation	
	Faecal coliform count		Molecular Detection System Salmonella (MDS)	
	Listeria isolation		Molecular Detection System Listeria (MDS)	
	Molecular Detection System Listeria (MDS)		Salmonella isolation	
	Molecular Detection System Salmonella (MDS)	Ну	Hygiene evaluation (swabs)	
	рН		Staphylococci (grade)	
	Salmonella isolation		Total coliform (grade)	
	Total aerobic count		Total count (grade)	
	Total coliform/ <i>E.coli</i> count	Ad	Additional test requests:	
	Yeasts and moulds count			
	Yeasts and moulds - RAPID			

A comprehensive list of testing available can be found on the Awanui Scientific website. Tests may be sub-contracted to an approved laboratory.

Laboratory use only		
Date received:	Case number label	
Processed by:	February 2025	

