

Test request – Food sample

Company: Address: Social security number:

Establishment: Contact: Telephone:

Sampled by: Invoice payer, if another:

The results are sent to the following email address/addresses: Date:.....

Identity as requested in the report:	Requested measurements. Record the letters of measurement:										Other:

Measurements offered by the laboratory:			
A. Total plate count 22°C	J. Listeria	S. Enterococci	AA. Protein
B. Total plate count 30°C	K. Listeria monocytogenes	T. Pseudomonas spp.	AB. Fat
C. Total plate count 35°C	L. Enderobacteriaceae	U. Vibrio spp.	AC. Dry matter
D. Coliform bacteria	M. Clostridium perfringens	V. Vibrio Parahemolyticus	AD. Vatn
E. Thermotolerant coliform	N. Sulfit reducing clostridia		AE. Ash content
F. Presumptive E.coli	O. Sulfit reducing bacteria		AF. Salt
G. Coagulasa pos.staphylococci	P. Presumptive Bacillus cereus		AG. pH
H. Salmonella	Q. Mould and yeast		AH. Nutritional value
I. Campylobacter	R. Lacticacid bacteria		

Report language:
Icelandic:
or
English:

Further information on the accreditation of methods can be found at www.syni.is

Signature on behalf of the buyer.....