

Test request - Food sample

EBL-0056 / Version 2



Company/payer: _____ Address: _____

Site: _____ Social security no: _____

Contact: _____ Telephone: _____

Sampled by: _____ Date: _____

Send results to email address: _____

Sample no.	Sampling date	Sample labeling as requested in the report:
1		
2		
3		
4		
5		
6		

Microbiological analyses

Sample no.	1	2	3	4	5	6
Total plate count 22°C						
Total plate count 30°C						
Total plate count 35°C						
Psychrotrophic microorganism 7°C						
Coliforms						
Thermotolerant coliforms						
Escherichia coli (E. coli)						
Staphylococci						
Enterobacteriaceae						
Clostridium perfringens						
Sulfite reducing clostridia						
Sulfite reducing bacteria						
Sulfite reducing bacteria - spore						
Bacillus cereus						
Yeast						
Mould						
Lactic acid bacteria						
Enterococci						
Pseudomonas spp.						
Salmonella						
Listeria spp.						
Listeria enumeration						
Listeria type analysis						
Listeria monocytogenes						
Campylobacter spp.						
Vibrio spp.						
Vibrio Parahemolyticus						

Chemical analysis

Sample no.	1	2	3	4	5	6
Protein						
Fat						
Dry matter						
Water						
Ash content						
Salt						
pH						
Nutritional value						
Water activity (Aw)						
TVB-N						

Trichinella

Sýni nr.	1	2	3	4	5	6
Trichinella						

Report:

- Icelandic English
 One report Report for each sample

Other:

Signature on behalf of the client

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

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