Client Information	
Company:	**Contact Name:**
Address:	**Phone #:**
	E-Mail:
Invoice Contact:	**Invoice Email:**

Sample Information	
Handling Requirements: Frozen, Refrigerated, Ambient	
Sampling Date:	Ship Date:
Prepared by:	
Special Instructions:	

Please provide at least 100 grams of sample for each submission

Lab Hours: 7AM-3PM, Monday-Friday

MICRO-CHEM LABORATORIES, INC

711-6th Avenue N., Suite 100
Seattle, WA 98109
Tel.: 206-633-3637 Email: lab@MCLfoodtesting.com

ISO/IEC 17025:2005 Accredited

		Enumerated Analysis									Pos/Neg Screen					Circle Choice if more than one is listed: Proximate Testing				Circle Choice: Allergen			
#	Sample Description	Total Plate Count	Total Yeast & Mold	Total Staphylococcus	Total Staph. Aureus	Total Coliform	Total E.coli	Enterobacteriaceae	Lactobacillus	Lactic Acid Bacteria	Salmonella	Listeria Genus	Listeria Monocytogenes	E.coli O157:h7	Vibrio	PH, Water Activity	Salt, Moisture	Water Phase Salt	Fat	Milk, Soy, Gluten,	Peanut, Egg, Crustacea	Other_____	Other_____

MCL LAB USE ONLY Received by: _____ Date Received: _____ Sample Condition/Temp: _____

MCL Form: #18 Analysis by: _____ Recorded by: _____ Reported by: _____