



# Microbiology Sample Submission Request Form

## Alliance Analytical Laboratories

179 West Randall Street, Coopersville, MI 49404  
 Phone 616-837-7670 Fax 616-837-7701

[www.aatestlabs.com](http://www.aatestlabs.com)

Customer Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Sample	Sample Identification	Sample Date/Time	Sample Type	Test(s) Required (list all)	Holding Product for Test Results?	
			(circle one)		Yes	No
1			Swab/Sponge Food Non-Food Water		Yes	No
2			Swab/Sponge Food Non-Food Water		Yes	No
3			Swab/Sponge Food Non-Food Water		Yes	No
4			Swab/Sponge Food Non-Food Water		Yes	No
5			Swab/Sponge Food Non-Food Water		Yes	No
6			Swab/Sponge Food Non-Food Water		Yes	No

- Test Codes
- |                              |                           |
|------------------------------|---------------------------|
| 1) E coli - generic          | 6) Listeria Mono          |
| 2) E coli 0157 H7            | 7) Yeast/Mold             |
| 3) APC (Aerobic Plate Count) | 8) Staph. Aureus          |
| 4) Salmonella                | 9) Coliform               |
| 5) Listeria Species          | Other tests - please list |

Notes/Special Instructions:

**PLEASE NOTE: RAW BEEF SAMPLES FOR E. COLI 0157:H7 testing must be 16 oz minimum (2 lbs is recommended) to meet USDA requirements**

Ship all samples with cold packs & next day delivery to the above address.

For swabs and sponges, please indicate approximate area swabbed under Sample Identification.  
 Tests for E coli 0157 H7, Listeria and Salmonella will be performed by PCR unless otherwise specified.