

Veromara
Neogen Europe Ltd
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MICROBIOLOGICAL TESTING Commercial Sample Submission Sheet

T : +44(0) 1292 525600
E : customer.services@veromara.com
www.veromara.com

Client Code

PLEASE COMPLETE THIS FORM AND PLACE IN THE BOX WITH SAMPLES

Species : _____
Client sample name : _____
Date of collection : _____

<p>Test required*</p> <p><input type="checkbox"/> MPN <i>E.coli</i>**</p> <p><input type="checkbox"/> <i>Salmonella</i></p> <p><input type="checkbox"/> <i>Salmonella</i></p> <p><input type="checkbox"/> <i>Listeria spp.</i></p> <p><input type="checkbox"/> <i>Vibrio spp.</i></p> <p><input type="checkbox"/> <i>Listeria monocytogenes</i></p> <p><input type="checkbox"/> <i>E coli O157</i></p> <p><input type="checkbox"/> Norovirus</p>	<p>By Petrifilm method</p> <p><input type="checkbox"/> <i>E.coli</i></p> <p><input type="checkbox"/> Coliforms</p> <p><input type="checkbox"/> Enterobacteriaceae</p> <p><input type="checkbox"/> <i>S. aureus</i></p> <p><input type="checkbox"/> <i>Aerobic colony count</i></p>	<p>Confirmatory Test</p> <p><input type="checkbox"/> <i>Vibrio parahaemolyticus</i></p> <p style="font-size: small;">*Tick as Appropriate **UKAS Accredited</p>
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Additional information :

If you wish to submit samples for Toxin testing please request the appropriate form.

Tick here to indicate you have read and agree with our standard terms and conditions.

Customer Signature : _____ **Date :** _____

Veromara use Only : _____ **Veromara Sample Identifier :** - -

Veromara Signature : _____ **Date :** _____