Capella Innovation Sample Submission Form

1-Client Job no#
2-Company Name:
3-Adress
4-E-mail:
Phone
5-Invoice (contact person)

SAMPLE IDENTIFICATION	Harvest Date	Location	Sample type	PLEASE CHECK ANALYSIS REQUESTED
1-				
2-				
3-				
5-				
6-				
7-				
8-				
9-				
10-				
11-				
12-				
13-				
14-				
15-				

Turn around required

Rush____

Standard ____

Holiday_____

*Double Rates may apply for Rush Analysis

Signature_____

Laboratory Use Only

Rec'd by:_____ Time:_____ Temp:_____Weight _____

Storage:_____   Date:_____

Microbiology - *List of Analysis*

E. coli\ Total Coliformes	M-1001	Pseudomonas	M-1016	Shelf life	S-1200	E coli Bax	MB-1018
E. coli O157 :H7	M-1002					Listeria Monocytogenes - Bax	MB-1019
Listeria Monocytogenes	M -1003	Vibrio	M-1017			Salmonella Bax	MB-1020
Salmonella	M-1004						
Staphylococcus aureus	M-1005						
Total Aerobic Plate Count	M-1006						
Yeast and Mold	M-1007						
Anaerobic Plate Count	M-1008						
Campylobacter	M-1009						
Clostridium Perfringen	M-1010						
Bacillus cereus	M-1011						
Flat Sour Spores	M-1012						
Lactic Acid Bacteria	M-1013						
Mesophilic Aerobic Spores	M-1014						
Mesophilic Anaerobic Spores	M-1015						