|  |
| --- |
| 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:\_\_\_\_\_\_\_\_ Storage:\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_ |  **Laboratory Use Only** Rec’d by:\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_ Temp:\_\_\_\_\_\_\_\_Weight \_\_\_\_\_\_\_ Storage:\_\_\_\_\_\_\_  Date:\_\_\_\_\_\_\_\_\_ |

 Capella Innovation Sample Submission Form Restaurant and food services SAMPLE sheet - Analysis requested

 **WARRANTY AND LIMITS OF LIABILITY**: Our warranty is limited to the accuracy of samples as received. We assume no responsibility for the purpose for which the client uses the test results, nor liability for any otherwarranties expressed or implied, including warranties of fitness for particular purpose or merchantability made by the client. These terms and conditions shall supersede any conflicting terms and conditions stated on any purchase order, or other order of work submitted by the client. **NOTE:** Signature is required for analysis to commence. Please contact the lab for any additional information not provided.

 **CONFIDENTIALITY**: All work will be performed in confidence. Results are only released to the client or the client's designated agent.

Restaurant and food services SAMPLE sheet

 List *of Analysis*

|  |  |
| --- | --- |
| Calories count/recipes | RP1001 |
| Nutrition Facts Labels | RP1002 |
| Allergen and Gluten Free | RP1003 |
| Diabetic Exchanges | RP1004 |
| Nutritional Claims( Calories, Sugar, salt | RP1005 |
| Standardized Recipes | RP1006 |
| HAACP Guidelines | RP1007 |
| Brochures & Pamphlets | RP1008 |
| Recipe and Menu Analysis  | RP1009 |

.