^HLP2.2. SF06.7

FOOD TEST REQUEST FORM

Compiled by:	Quality Manager	GHLP2.2. SF06	Rev. No.: 7
Approved by:	Laboratory Director	Approval Date: 2022-12-06	Page 1 of 1

GHL USE ONLY						
GHL ORDER No.						
Date Received						
Time Received						
Delivery Mode	Customer		Courier		**GHL Collection	
Temperature (°C)						
Condition						

SITE (please mark with an X)	HILTON		CAPE TOWN	
Customer Name:				
Contact Name:				
Contact Number:				
Contact Email:				
Date:				
Customer Order No.:				
Signature:				

CHECKLIST (X)	
TRF Complete	
Sample List	
Record Sheet	
Test Report	
Initial	
Comment	

GHL Use Only		Sample Matrix / Type	Sample ID / Description	Tests Required (please mark with an X)																						STORAGE [18-25 °C (R) / 1-5 °C (C) / < -18 °C (F)]
Checked	GHL Sample Number			*B. cereus* Enumeration	Coliforms Enumeration	*rfringens* Enumeration	*Campylobacter* spp. Enumeration	*Campylobacter* spp. Detection	*E. coli* Enumeration	*E.coli* O157 Detection	*Enterobacteriaceae* Enumeration	Lactic Acid Bacteria Enumeration	*L. monocytogenes* Detection	*Listeria* spp. (incl. *L. mono*) Detection	*Listeria* spp. (incl. L. mono) Enumeration	Microbial Identification	*Pseudomonas* spp. Enumeration	*S. aureus* Enumeration	*Salmonella* spp. Detection (25 g)	*Salmonella* spp. Detection (375 g)	*Shigella* spp. Detection	Total Viable Aerobic Bacterial Count	*Vibrio* spp. Detection	*Vibrio* spp. Enumeration	Total Yeast & Mould Count	
sign				FF.BCE	FF.COE	FF.CPE	FF.CSE	FF.CSD	FF.ECE	FF.ECO	FF.ENT	FF.LAB	FF.LMD	FF.LSD	FF.LSE	FF.MID	FF.PSE	FF.SAE	FF.SAL	FF.SAL .375	FF.SHS	FF.TVC	FF.VSD	FF.VSE	FF.YMC	R/C/F
**GHL Collection		Date:		Time:							Temp.:						Signature:									
Comments / Further Instructions																										

!!! FOR ENUMERATION TESTS: PLEASE PROVIDE AT LEAST 50 g OF SAMPLE | FOR DETECTION TESTS: PLEASE PROVIDE AT LEAST 50 g OF SAMPLE PER TEST !!!