



# Michelson Laboratories, Inc.

6280 Chalet Drive Commerce, CA 90040 Ph: 562-928-0553 E-mail: saleslist@michelsonlab.com

SOP No:ML-WI-QC-73.00  
Control#:GI-413  
Authorized By G. Michelson  
Revised on: 4/30/2021  
Page 1 of 2

## MICROBIOLOGY ANALYSIS REQUEST FORM

Please fill out and return with sample. Use separate Analysis Request Forms if analyses vary per sample.

Company Name:	Date:
Address:	Contact:
	Phone No.:
	Fax No.:
E-Mail(s):	

### Identification of Sample(s):

Sample 1:
Sample 2:
Sample 3:
Sample 4:
Sample 5:

*\*Please provide detailed instructions on how products should be composited if required. Please note that a composite fee may apply depending on sample type and size.\**

### PATHOGENS:

Bacillus cereus  
Campylobacter  
Clostridium perfringens  
E. coli O157:H7 (25g /375g)  
E. coli O157:H7 PCR (25g /375g)  
Listeria monocytogenes (25g /375g)  
Listeria monocytogenes PCR (25g /375g)  
Listeria spp. (25g /375g)  
Listeria spp. PCR (25g /375g)  
Pseudomonas aeruginosa  
Salmonella spp. (25g /375g)  
Salmonella spp. PCR (25g /375g)  
Staphylococcus aureus  
Staph aureus 3M™ Petrifilm  
Staphylococcus enterotoxin  
Top 7 STEC PCR  
Vibrio spp.

### INDICATORS:

Aerobic Plate Count/ Standard Plate Count  
Aerobic Plate Count 3M™ RAPID Petrifilm  
Airborne Bacteria Count  
Airborne Yeast & Mold  
Anaerobic Plate Count  
Coliform (MPN/ Petrifilm)  
E. coli (MPN/ Petrifilm/ RAPID Petrifilm)  
Enterobacteriaceae 3M™ RAPID Petrifilm  
Lactic Acid Bacteria  
Yeast & Mold  
Yeast & Mold 3M™ RAPID Petrifilm

*\*Minimum Sample Size 25g for each analysis  
unless otherwise specified.\**

*\*\*Screen method is picked based on price quote or matrices\*\**

### MICRO IDENTIFICATION:

Bacterial ID  
Fungal ID

### MICRO WATER ANALYSES:

Water Potability  
Coliform (Presence/Absence)  
E. coli (Presence/Absence)  
Coliform MPN  
FECAL Coliform MPN  
E. coli MPN  
Enterococcus  
Heterotrophic Bacteria (HPC)

*HPC (8 Hour Holding Time from Sampling)  
Coliform (30 hour Holding Time from Sampling)*

### OTHER:

### USP (SUPPLEMENTS/ COSMETICS)

Standard Plate Count  
E. coli  
Enterobacteriaceae /Bile Tolerant Gram Negative  
Pseudomonas aeruginosa  
Salmonella  
Staphylococcus aureus  
Yeast & Mold  
Antimicrobial Effectiveness Study

### SWABS

Listeria spp.  
Salmonella  
Listeria monocytogenes  
E. coli  
Coliform  
Enterobacteriaceae  
Standard Plate Count  
Yeast & Mold

*\*All swab analyses require one swab per pathogen and  
have a holding time of 24 hours from swabbing\**

### NOTES:

*\*Please provide detailed instructions on how  
products should be composited if required. Please  
note that a composite fee may apply  
depending on sample type and size.\**

*\*\*A \$75.00 Minimum charge per submission  
applies.\*\**

*\*\*\*Please specify any special reporting  
requirements.\*\*\**

Authorizing Signature:

Date:

Additional Instructions:



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## CHEMISTRY ANALYSIS REQUEST FORM

Please fill out and return with sample. Use separate Analysis Request Forms if analyses vary per sample.

Company Name:	Date:
Address:	Contact:
	Phone No.:
	Fax No.:
E-Mail(s):	

### Identification of Sample(s):

Sample 1:
Sample 2:
Sample 3:
Sample 4:
Sample 5:

Turnaround Time:	STANDARD	RUSH <small>Double Charge</small>	Quote Reference: <input type="text"/>
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### ALLERGENS:

Crustaceans	Tree Nuts:
Dairy/Milk	Almond
Egg	Cashew
Fish	Coconut
Gluten	Hazel Nut
Peanut	Pecan
Soy	Pistachio
Sesame	Walnut
Please specify for any other Tree Nut: _____	

### GENERAL CHEMISTRY ANALYSES:

Aflatoxins  
Alcohol Screen  
Artificial Colors  
Ash  
Calories Includes: Moisture, Protein, Fat, Ash  
Carbohydrates Includes: Moisture, Protein, Fat, Ash  
Cholesterol  
Fatty Acid Profile  
Fat  
Fiber, Crude  
Fiber, Total Dietary  
Free Fatty Acids  
Moisture  
Peroxide Value  
pH  
Preservatives (Benzoic Acid, Sorbic Acid)  
Protein  
Salt  
Sulfites  
Solids, Total  
Sugar Profile  
TBA (Rancidity)  
Water Activity  
Pesticides Residue  
(Carbamate, Organo Halide, Organo Phosphate)

### FDA Detained Products

Nitrofurans	Mebendazole
Melamine	Chloramphenicol
Malachite Green	Fluoroquinolones
Gentian Violet	Sulfonamides
Histamine	

\*Contact us if test is not listed  
sampleorders@michelsonlab.com

### DAIRY ANALYSES:

Butterfat (Mojonnier)  
Milk Component Analysis  
Somatic Cell Count  
Solids, Total

### FILTH/DECOMPOSITION:

Decomposition  
Filth

### VITAMIN:

Vitamin B <sub>1</sub> (Thiamine)	Vitamin A
Vitamin B <sub>2</sub> (Riboflavin)	Vitamin C
Vitamin B <sub>6</sub> (Pyridoxine)	Vitamin D
Vitamin B <sub>9</sub> (Folic Acid)	
Vitamin B <sub>12</sub> (Cobalamin)	

### MINERALS & METALS:

Aluminum	Mercury
Cadmium	Potassium
Calcium	Sodium
Copper	Zinc
Iron	Low Detection Limit
Magnesium	<small>for requested Mineral Sample</small>
Heavy Metals (Prop 65)	
Includes: Arsenic, Cadmium, Lead & Mercury	
List Serving Size: _____	

### NUTRITIONAL LABELING:

Nutritional Label (Includes Trans Fat)  
(100g serving size will be used unless otherwise specified)  
List Serving Size: \_\_\_\_\_  
\*Minimum sample size of 1 pound (454g) or 16 oz. is required.\*

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*Michelson Laboratories, Inc. performs over 400 tests. If you do not see your test here, please contact us.\*\*

Authorizing Signature:	Date:
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Additional Instructions: \_\_\_\_\_



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## ANALYSIS REQUEST FORM (Addl. Samples)

Please fill out and return with sample. Use separate Analysis Request Forms if analyses vary per sample.

Company Name:

Date:

Address:

Contact:

Phone No.:

Fax No.:

E-mail(s):

### Identification of Sample(s):

Sample 6:

Sample 7:

Sample 8:

Sample 9:

Sample 10:

Sample 11:

Sample 12:

Sample 13:

Sample 14:

Sample 15:

Sample 16:

Sample 17:

Sample 18:

Sample 19:

Sample 20:

### Additional Instructions:

### NOTES:

\*Minimum Sample Size for Micro 25g and for Chem 50g for each analysis unless otherwise specified.\*

\*\*Nutritional Analysis requires a Minimum 1 pound (454g) or 16oz. per sample\*\*

\*\*\*All swab analyses require one swab per allergen/pathogen have a holding time of 24 hrs from swabbing.\*\*\*

\*\*\*\*For Micro, please provide detailed instructions on how products should be composited if required. Please note that composite fee may apply depending on sample type and size.\*\*\*\*

\*\*\*\*\*For Micro, Screen method is picked based on price quote or matrices\*\*\*\*\*

\*\*\*\*\*For Chem, Histamine, Peroxide Value, & Free Fatty Acid analysis on seafood items/products should remain frozen or refrigerated.\*\*\*\*\*

\*\*\*\*\*Please specify any special reporting requirements.\*\*\*\*\*

Authorizing Signature:

Date:

\*A \$75.00 Minimum charge per submission applies.

\*\*Michelson Laboratories, Inc. performs over 400 tests, If you do not see your test here please contact us.