



Michelson Laboratories, Inc.
6280 Chalet Drive, Commerce, CA 90040
Ph: 562-928-0553 ♦ Fax: 562-927-6625

ML-WI-CS-38.04
Control #GI-179
Authorized by: G. Michelson
Revised on: 6/6/2011
Page 1 of 1

Customer Setup Form

Date: _____

Company Name: _____

☐ Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Other _____

Federal Tax I.D. Number: _____ Date Business Commenced: _____

Business Address:

Billing Address (if different from business address)

Address: _____

Address: _____

City: _____

City: _____

State: _____ Zip Code: _____

State: _____ Zip Code: _____

Contact: _____

A/P Contact: _____

Phone #: _____

Phone #: _____

Fax #: _____

Fax #: _____

E-mail: _____

E-mail: _____

Preference for Data Reporting

Would You Like to Receive Reports via: ☐ Fax ☐ E-Mail ☐ Results Online

Fax #: _____ Name: _____

E-mail 1: _____

E-mail 2: _____

How Did You Hear About Us?

Internet Search ☐ In Person (At a show) ☐

Magazine / Article ☐ Referred by (Person or Company Name) _____

Direct Mail Piece ☐ Other _____

OFFICE USE ONLY

Account #: _____

Terms: _____

Environmental ☐ Laboratory ☐

Credit App Attached ☐ Results Online ☐

FDA Customer ☐ Min Charge _____

Entered In: Chem ☐ Micro ☐ Ncal ☐ Navision ☐

Req. By/Date: _____ Ent. By/Date: _____ Rev. By/Date: _____



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ML-WI-CS-39.03
Control #GI-180
Authorized by: G. Michelson
Revised on: 8/24/2011
Page 1 of 1

Credit Information Form

Date: _____

Company Name: _____

CREDIT CARD INFORMATION

Company Name: _____	
Company Billing Address: _____	
Name as Appears on Card: _____	
CC Billing Address: _____	
Type of Card:	Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/> Other _____
Credit Card Number: _____	Verification # _____
Amount: \$ _____	Exp. Date: _____
Signature: _____	Date: _____

BANKING INFORMATION (If applying for credit)

Bank Name: _____		
Bank Address: _____		
City: _____	State: _____	Zip: _____
Contact: _____	Phone #: _____	Fax #: _____
Bank Account #: _____	Duns #: _____	Credit Score: _____

TRADE REFERENCES (If applying for credit)

Company: _____	Company: _____
Contact: _____	Contact: _____
Address: _____	Address: _____
Phone #: _____	Phone #: _____
Fax #: _____	Fax #: _____
E-mail: _____	E-mail: _____

Your signature guarantees that the information provided is true and correct and authorizes Michelson Laboratories, Inc. to verify the credit and banking information provided.

Signature: _____ Date: _____

OFFICE USE ONLY

Account #: _____	Credit App Faxed: <input type="checkbox"/>	References: <input type="checkbox"/>	LofA <input type="checkbox"/>
Environmental <input type="checkbox"/> Laboratory <input type="checkbox"/>	Credit Approval: <input type="checkbox"/>	Amount: _____	
Prepayment Amount: \$ _____	Quote #: _____	Invoice # _____	
Credit Card: <input type="checkbox"/> Check #: _____	Approved By: _____	Date: _____	



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:



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
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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 ₁ (Thiamine)	Vitamin A
Vitamin B ₂ (Riboflavin)	Vitamin C
Vitamin B ₆ (Pyridoxine)	Vitamin D
Vitamin B ₉ (Folic Acid)	
Vitamin B ₁₂ (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:
------------------------	-------

Additional Instructions: _____



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SOP No: ML-WI-QC-73.00
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Revised on: 4/30/2021
Page 2 of 2

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.



Michelson Laboratories, Inc.

6280 Chalet Drive

Commerce, California 90040-3704

PH (562) 928-0553

(888) 941-5050

FX (562) 927-6625

mlabs@michelsonlab.com

CHAIN OF CUSTODY

CLIENT INFORMATION				BILLING INFORMATION		COURIER SERVICE			
Client:				Billing Address:		Date Ordered:	Time: Initial:		
Address:						Pick-Up Date:	Time:		
						<input type="checkbox"/> Rush Pick-Up			
Phone: Fax:				Special Instruction:		<input type="checkbox"/> Courier Charge:			
Contact:									
E-mail address:						Pick-Up Address:			
P.O.#:				SAMPLING INFORMATION					
Notes:				Sampled by (check off):					
				<input type="checkbox"/> Michelson Lab <input type="checkbox"/> Customer					
				Name of Sampler:					
LAB USE ONLY		DESIGNATION OR PRODUCT DESCRIPTION			CONTAINER(S)		ANALYSIS REQUESTED		
LAB I.D.	CLIENT SAMPLE I.D.	DATE OF SAMPLE	TIME OF SAMPLE	SAMPLE TYPE	#	PRESERVATION			
Relinquished By: (Signature)					Date:	Time:	Received By: (Signature)	Date:	Time:
Relinquished By: (Signature)					Date:	Time:	Laboratory For Analysis	Date:	Time:
Condition of Sample:					How Transported: <input type="checkbox"/> Ambient <input type="checkbox"/> On Ice <input type="checkbox"/> In Ice Chest			Temperature:	pH:

Extra charges may apply for rush analysis, special sample preparation, non-typical report format, or other non-typical customer request or needs.

A \$75.00 minimum charge per sample applies.