

## 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

	OBIOLOGY ANALYSIS REQUEST FOR	
Company Name:	eturn with sample. Use separate Analysis Request Forms if analyses vary Date:	per sample.
Address:	Contact:	
Addi C55.	Phone No.:	
	Fax No.:	-
E-Mail(s):	Tux IVO	
Identification of Sample(s):		
Sample 1:		
Sample 2:		
Sample 3:		
Sample 4:		
Sample 5:		
	ould be composited if required. Please note that a composite fee may ap	
PATHOGENS:	INDICATORS:	MICRO IDENTIFICATION:
Bacillus cereus	Aerobic Plate Count/ Standard Plate Count	Bacterial ID
Campylobacter	Aerobic Plate Count <i>3M</i> <sup>TM</sup> RAPID Petrifilm	Fungal ID
Staph aureus 3M <sup>™</sup> Petrifilm Staphylococcus enterotoxin	Airborne Bacteria Count Airborne Yeast & Mold Anaerobic Plate Count Coliform (MPN/ Petrifilm) E. coli (MPN/ Petrifilm/ RAPID Petrifilm) Enterobacteriaceae 3MTM RAPID Petrifilm Lactic Acid Bacteria Yeast & Mold Yeast & Mold Yeast & Mold 3MTM RAPID Petrifilm  Sinimum Sample Size 25g for each analysis unless otherwise specified.* ethod is picked based on price quote or matrices**	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)	SWABS	
Standard Plate Count E. coli Enterobacteriaceae /Bile Tolerant Gram Negative Pseudomonas aeurginosa Salmonella Staphylococcus aureus Yeast & Mold Antimicrobial Effectiveness Study	Listeria spp. Salmonella Listeria monocytogenes E. coli Coliform Enterobacteriaceae Standard Plate Count Yeast & Mold	*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.**
	*All swab analyses require one swab per pathogen and have a holding time of 24 hours from swabbing*	***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 Page 2 of 2

	MICROBIOLOGY ANALYSIS REQUEST FORM(Addl. Samples)  Please fill out and return with sample. Use separate Analysis Request Forms if analyses vary per sample.
Company Nam	
Address:	Contact:
	Phone No.:
	Fax No.:
E-mail(s):	
Identificatio	on 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 Ins	tructions:
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.*  **Minimum Sample Size 25g for each analysis unless otherwise specified.**  ***Screen method is picked based on price quote or matrices***  ****All swab analyses require one swab per pathogen/allergen and have a holding time of 24 hrs from swabbing.**** *****Please specify any special reporting requirements.****
Authorizing Si	gnature: Date: