

**FOOD HYGIENE LABORATORY
 REQUEST FORM - SWABS**



Accreditation No. 2858

Company Name	
Address	
Date collected	Sampled by
Order No.	Signed

Sender's Comments	Testing Required <input type="checkbox"/> Total Count <input type="checkbox"/> Listeria <input type="checkbox"/> E Coli <input type="checkbox"/> Salmonella Other _____
	Survey Code
Additional Report - if required please write name and fax number or email address below. _____ _____	NATA Accredited Report Required (please tick)..... <input type="checkbox"/>

Laboratory Number (LAB USE ONLY)	Sender's No.	Site Description	Area Swabbed (cm ²)

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Date and Time Received	By	Temperature
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Report Type Authorised By Date	Faxed / Emailed
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