Midwest Laboratories Canada

#8, 4001B - 19th Street N.E., Calgary, AB T2E 6X8 • Phone: (403) 250-3317

FOOD SAMPLE SUBMITTAL FORM

ACCOUNT NUMBER _____

SUBMITTED BY
_____
_____
P.C. _____
PHONE ( )

COPY TO
_____
_____
P.C. _____

☐ FAX RESULTS ( ) _____

MICROBIOLOGICAL ANALYSIS

SAMPLE NUMBER	IDENTIFICATION	CHECK TEST DESIRED										
		Aerobic Plate Count	Anaerobic Plate Count	E. coli	Coliforms	Salmonellae	Listeria	Staph aureus	Yeast	Mold	Food Screen	Other

CHEMISTRY ANALYSIS

SAMPLE NUMBER	IDENTIFICATION	CHECK TEST DESIRED												
		Moisture	Protein	Fat	Salt	Calories	Cholesterol	Fatty Acid Profile	Complete Nutritional Label	Total Dietary Fiber	Calcium	Iron	Sodium	Other

Food Screen: Total Plate Count, E. Coli, Coliforms, Staphylococcus aureus, Salmonellae, Yeast and Mold

Complete Nutritional Label: Calories, Calories from Fat, Total Fat, Saturated Fat, Cholesterol, Total Carbohydrate, Dietary Fiber, Sugars, Sodium, Protein, Vitamin A, Vitamin C, Calcium, Iron, Daily Value Calculations

Serving Size: _____

White Copy to Lab **Yellow copy to Customer**

SUBMIT TO:
MIDWEST LABORATORIES
#8, 4001B - 19th Street NE, Calgary, Alberta T2E 6X8