



To be completed by client	
Client / Company Name:	
Physical Address:	
Purchase order number:	
Sampling Contact Person:	
Contact Number:	
E-mail Address:	
Send Report To:	
E-mail Address:	
Contact Number:	
Sampling date:	Time:
Submitter (Initials and surname): _____	
Date: _____	Signature: _____

To be completed by laboratory analyst:		
Analyst check completed:	Yes	No
Sample acceptable check:	Yes	No
Comments:		
Analyst: (Initials and surname)		
Date: _____ Signature: _____		

To be completed by Sales Representative		
Laboratory Number:		Arrival date at lab: _____
LIMS Number:		Arrival time at lab: _____
Outsource:		Condition of sample: _____
Sampling by:	Client	SMT LABS
Courier delivery:	SMT local delivery	SMT outline delivery
Courier pick-up:	SMT local pick-up	SMT outline pick-up
Trending	Client pick-up/drop off	Scheduling
Food samples (a minimum of 100g)	Solid	Liquid
Sponge swabs L(d) & Sal(d)		
Amies swabs	Surface	Hand
Air plates		
Water		
Contact paddles	SMT	Client
Sales Representative: (Initials and surname) _____		
Date: _____	Signature: _____	

Analysis Abbreviation Key											
Bac	<i>Bacillus cereus</i> detection (only JHB)	Col	Coliforms	Fc	Faecal coliforms	Ps	<i>Pseudomonas aeruginosa</i>				
Camp(d)	Campylobacter detection	Eco	<i>Escherichia coli</i>	Lac	Lactic acid bacteria	Sal	Salmonella spp. detection				
Camp(e)	Campylobacter enumeration	EO157	<i>Escherichia coli</i> O157	L (sp)	Listeria spp. Detection *	Sta	<i>Staphylococcus aureus</i>				
Clos (p)	<i>Clostridium perfringens</i>	Ent(b)	Enterobacteriaceae	L (d)	Listeria monocytogenes detection	TPC	Total Plate Count				
Clos (s)	<i>Clostridium</i> spores (only JHB)	Ent(c)	Enterococci (only JHB)	L (e)	Listeria monocytogenes enumeration	YM	Yeast and Moulds				
Listeria spp. Detection * on food, only accredited in JHB											

Transport samples in a cooler box (with ice packs) and deliver within 24h after sampling. If samples are not handled and delivered with due care, it might influence the accuracy of the test results.
Amies swabs (two swabs per area if Salmonella AND Listeria testing is required)

#	Sample Temp	Sample Type	Sample Description	Bac	Camp(d)	Camp(e)	Clos(p)	Clos(s)	Col	Eco	EO157	Ent(b)	Ent(c)	Fc	Lac	L (sp)	L (d)	L (e)	Ps	Sal	Sta	TPC	YM	Extra
		F/W/S/O																						
		F/W/S/O																						
		F/W/S/O																						
		F/W/S/O																						
		F/W/S/O																						
		F/W/S/O																						
		F/W/S/O																						
		F/W/S/O																						