ANALYTICAL FOOD LABORATORIES

Sample Submission Form

PROJECT NAME:	COMPANY NAME:	INVOICE TO:
REFERENCE NUMBER:	CONTACT NAME:	CONTACT NAME:
P.O. NUMBER	ADDRESS:	ADDRESS:
REQUIRED DUE DATE (MM-DD-YY):	CITY / STATE / ZIP:	CITY / STATE / ZIP:
METHOD OF SHIPMENT:	TELEPHONE: ( ) EXT._____	TELEPHONE: ( ) EXT._____
	FAX: ( )	FAX: ( )
NUMBER OF COOLER / PACKAGES:	E-MAIL:	E-MAIL:

SUBMIT SAMPLES TO:
ANALYTICAL FOOD LABORATORIES
ATTN: SAMPLE RECEIVING
865 GREENVIEW DRIVE
GRAND PRAIRIE, TEXAS 75050

IF ANY QUESTIONS PLEASE CALL:
(972) 336-0336 OR 1-(800) 242-6494
FAX: (972) 623-0055
E-MAIL: AFL@AFLTEXAS.COM

REPORT DATA VIA: ☐FAX ☐E-MAIL ☐VERBAL ☐OTHER (PLEASE SPECIFY)

SUBMISSION DATE: SAMPLE DESCRIPTION / IDENTIFICATION	PRODUCTION DATE / TIME	MICROBIOLOGICAL: AEROBIC PLATE COUNT	COLIFORMS	E.COLI	E. COLI 0157:H7	LACTOBACILLUS	LISTERIA	LISTERIA SCREEN	S. AUREUS	SALMONELLA	SALMONELLA SCREEN	YEAST & MOLD	ANALYTICAL: FAT	MOISTURE	PROTEIN	CALORIES	CARBOHYDRATES	ASH	SALT	TITRATABLE ACIDING	PH	WATER ACTIVITY (AW)	Proximate Analysis Only	Proximate Analysis + Dietary Fiber
ADDITIONAL COMMENTS / INSTRUCTIONS:																								

NOTE: Proximate Analysis includes Fat, Moisture, Protein, Ash, Calories, Carbohydrates

CHAIN OF CUSTODY CONDITION UPON RECEIPT:

Good (sample intact) **Acceptable** (Packaging damaging but sample acceptable) **Unacceptable** (sample integrity is in question)

	Date:	Time:		Date:	Time:
Sampled by: _____			Received by: _____		
Relinquished:			Lab job No:		