



NSI TESTING CENTRE, Langer Heinrich Crescent, Erf no. 4466, P O Box 123;
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TEST REQUEST FORM – MICROBIOLOGY SECTION (FOOD; HYGIENE SWAB SAMPLES & AIR QUALITY SETTLE PLATES)									
Section 1: Customer Name and Address:									
Company name:					Stamp				
Postal Address:									
Town:									
Tel No:									
Fax No:									
Requestor's Name:									
Requestor Signature:									
E-mail address:									
Purchase order number (Attach document):									
Sample submitted by (Name in print):									
Type of Account:		Credit		Cash Account					
No of Samples		Date samples collected:			(Flow/Job Number)				
Sample type:	Swabs (S)	Food/Fish/ Beverages (F)			Air Quality plates (AQ)		Identification of Microorganisms (MO)		
	Milk (M)	Bivalves (Shellfish) (BV)			Canned products/ Retort Pouches				
Indicate Vessel Name:				Indicate Factory Name:					
<p>Note 1: Cleaning efficacy calculations for swab samples require both TVC and Faecal coliforms parameters to be tested. Tick the box below to indicate whether cleaning efficacy should be calculated.</p> <p>Laboratory to calculate the Percentage Cleaning <input type="checkbox"/> Efficacy</p> <p>Note 2: All swab samples that require Cleaning Efficacy Percentage calculation are to be submitted on one Test Request Form. In the event, the number of swabs exceed one Test Request Form, the customer should indicate this clearly under the special request section.</p>									

Section 2: Sample information

Sample ID <i>Kindly list names as they should appear on the test report *</i>	Time of sampling	<i>-For official purposes only-</i>			
		Lab ID No	Completed & checked by:		Time samples received:
			Sample condition upon receipt		
			<input type="checkbox"/>	Chilled samples	
			<input type="checkbox"/>	Frozen samples	
			<input type="checkbox"/>	Cooked/ processed product	
			<input type="checkbox"/>	Live samples	
			<input type="checkbox"/>	Canned products/ pouches	
			<input type="checkbox"/>	Received in cooler box, ,on ice	
			<input type="checkbox"/>	Received in cooler box	
			<input type="checkbox"/>	Samples received within 6 hours	
			<input type="checkbox"/>	Samples received with no cooling & exceeding 6 hours	
			Other: _____		
			Cooler box Temp ____°C Temp + correction factor __°C Thermometer ID: _____		
			_____ Correction Factor: _____°C		
			<input type="checkbox"/>	Sample conditions acceptable:	
			<input type="checkbox"/>	Sample rejected - condition received Unsuitable:	

Customer complaint handling procedures as per QM 7.9
 Customer confidential and proprietary information will be made available to external parties i.e assessors, auditors and law makers.
 Samples submitted with only purchase order number and not purchase order document shall not be accepted. This Test Request Form serves as contractual agreement between the Requestor and NSI Testing Centre for services being rendered

Special request/Comments from customer:

Section 3: Please tick the appropriate box to indicate test

Test(s) Done & Unit Cost	Method	Sample s accepted *	Tick	Test(s) Done & Unit Cost	Method	Samples accepted *	Tick
Enumeration of Total Viable Colony Counts/ Heterotrophic Plate counts	TM/M/01 [ISO 4833-1] (F) TM/M/12 [SANS 5763] (S)	F S M		Detection of <i>V. parahaemolyticus</i> and <i>V. cholerae</i>	TM/M/06 [ISO 21872-1]	F	
Enumeration of Enterobacteriaceae	TM/M/02 [ISO 21528-2]	F S		Detection of <i>Vibrio</i> spp. including <i>V. parahaemolyticus</i> , <i>V. cholerae</i> and <i>V. vulnificus</i>	TM/M/06 [ISO 21872-1]	F	
Enumeration of Total coliforms	TM/M/03 [SANS 4832]	F S M		Enumeration of <i>Vibrio parahaemolyticus</i>	TM M 35 [ISO 21872-1 & BAM]	F	
Enumeration of Faecal Coliforms	TM/M/27 [SANS 7251] (F & M) TM/M/13 [VC8031] (S)	F S M		Detection of <i>Shigella</i> spp.	TM/M/07 [ISO 21567]	F	
Enumeration of <i>E. coli</i>	TM/M/04 [ISO 16649-2] (F) TM/M/13 [VC8031] (S) TM/M/27 [SANS 7251] (M)	F S M		Detection of <i>Salmonella</i> spp.	TM/M/08 [ISO 6579-1]	F S	
Enumeration of <i>E. coli</i> (Shellfish)	TM/M/11 [ISO 16649-3]	BV		Enumeration of <i>Clostridium perfringens</i>	TM/M/09 [ISO 15213]	F & S	
Coagulase Positive Staphylococci including <i>Staphylococcus aureus</i>	TM/M/05 [SANS 6888-1]	F S		Detection of <i>Listeria monocytogenes</i>	TM/M/10 [ISO 11290-1]	F & S	
Enumeration of <i>Bacillus cereus</i>	TM/M/24 [SANS 7932]	F & S		Detection of <i>Listeria</i> spp. including <i>Listeria monocytogenes</i>	TM/M/10 [ISO 11290-1]	F & S	
Sterility Testing in Canned/Pouched Food Products (Fish, Meat, Chicken, Fruits and Vegetables)	TM/M/25 [SANS 6257]	F		Enumeration of <i>Listeria monocytogenes</i>	TM/M/36 [ISO 11290-2]	F & S	
Enumeration of Yeasts & Moulds	TM/M/32 [ISO 21527-1&2]	F & S		Enumeration of <i>Listeria</i> spp. including <i>Listeria monocytogenes</i>	TM/M/36 [ISO 11290-2]	F & S	
Identification of Microorganisms	TM/M/21 [VITEK MS]	MO		Air Quality: TVC	SOP/M/16 [ISO 4833-2]	AQ	
Detection of Mesophilic Lactic Acid (LAB) Bacteria	ISO 15214	F		Air Quality: Yeast & Mould	SOP/M/16 [SANS 7954]	AQ	

F: Food, Fish, Bivalve (shellfish) & Beverages/ S: Swabs / AQ: Air quality plates / AQ: Air Quality

MO: Identification of Micro-Organisms/ CP: Culture Plates/ MPN: Most Probable Number/ M: Milk

Section 4: Sampling request for NSI staff to collect samples from customer site

Sampling Protocol used: SOP/M/04 (Sampling procedure for the collection of water, ice and swab samples for Microbiological analysis).
(Comment if any deviations, additions or exclusions from the procedure is observed, e.g in the case of sampling food samples)

Comment(s):

Duration of Sampling Activity (Total hours):	Time Sampler left Testing Centre:
	Time sampler left the customer site:

-To be completed by client-

-To be completed by laboratory staff-

Acknowledgement of sampling conducted, duration the sampler was on customer site and confirmation of the sampling points.

Comment (any observations made during sampling that can affect sample results) e.g environmental conditions etc.

Name of company representative:

Signature: _____

Date:

Name of sampler: _____

Signature: _____

Date: _____

FOR COMPLETION BY NSI TESTING CENTRE PERSONNEL ONLY (SAMPLERS/UPON SAMPLE RECEIPT)
 Indicate the traceability batch number(s) for sampling materials submitted with samples by customer for analysis

Sampling Material(s)	Traceability Batch Number/ Equipment Number (If more than one used/ submitted, reference all)
1L Sampling bottle(s)	
500ml Sampling bottle(s)	
250ml Sampling bottle(s)	
Hygiene Swab Stick(s)	
PCA Agar (Air quality settle plates)	
CGA Agar (Air quality settle plates)	
Digital Timer(s)	

Section 5: Customer communication records

Communication with customer upon sample reception or after received:	Name and Signature
Name of company representative	Date:

Customer complaint handling procedures as per QM 7.9

Customer confidential and proprietary information will be made available to external parties i.e assessors, auditors and law makers.

Samples submitted with only purchase order number and not purchase order document shall not be accepted. This Test Request Form serves as contractual agreement between the Requestor and NSI Testing Centre for services being rendered