

Sample Submission Form

Company Name: _____ Date: _____
 Contact Name(s): _____ Phone: _____

Shipping Address*
 MarketFresh Laboratory
 1621 East Hennepin Ave
 Suite B10
 Minneapolis, MN 55414

*When delivering samples in person, use west entrance on 16th Ave SE, Suite B10

Completed reports will be emailed to the contacts we have on file.
 Please contact info@marketfreshlabs.com to update any information related to your account.

| Sample # | Sample Description <i>(Please write the description as you would like it recorded on the report.)</i> | APC | Coliforms & E.coli | Enterobacteriaceae | Lactic Acid Bacteria | Staph. aureus (Coag. +) | Mold & Yeast | E.coli O157:H7 | Listeria | Salmonella | pH | Water Activity | Other: ** |
|----------|--|-----|--------------------|--------------------|----------------------|-------------------------|--------------|----------------|----------|------------|----|----------------|-----------|
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| 11 | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | |

**Please specify other test needed, call or check website for additional tests available.

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|--|--------------------------|
| Special Instructions: | Report Title (optional): |
| For Internal Use Only: Received by: _____ Date Received: _____ Temperature @ Receipt: _____ Condition @ Receipt: Acceptable <input type="checkbox"/> Entered by: _____ Customer # _____ Package # _____ | |