



NSI TESTING CENTRE, Langer Heinrich Crescent, Erf no. 4466, P O Box 123; Walvis Bay, Namibia; Tel: +264 64 216 600; Fax: +264 64 200 151

TEST REQUEST FORM - MICROBIOLOGY SECTION (FOOD AND HYGIENE SWAB SAMPLES)

Section 1: Customer Name and Address:

Company name:		Sample Reception	
Postal Address:		E-mail: ReceptionS@nsi.com.na	
Town:		Tel: +264 64 216600	
Tel No:		Fax: +264 64 200151	
Fax No:		<i>Stamp</i>	
Requestor:			
Requestor Signature:			
E-mail address:			
Purchase order number (Attach document):			
Sample submitted by (Name in print):			
Type of Account:		Cash Account	
Credit			
No of Samples			
Date samples collected:		(Flow/Job Number)	
Sample type:			
Swabs (S)		Food/Fish/ Beverages (F)	
Milk (M)		Air Quality plates (A)	
		Bivalves (Shellfish) (BV)	
		Identification of Microorganisms (MO)	
		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 Efficacy <input type="checkbox"/></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	-For official purposes only-			
		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 hour
			<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:

Special request/Comments from customer:

Section 3: Please tick the appropriate box to indicate test requested

Test(s) Done & Unit Cost	Method	Samples accepted*	Tick	Test(s) Done & Unit Cost	Method	Samples accepted*	Tick
Total Viable Colony Count	TM/M/01 [ISO 4833-1] (F) TM/M/12 [SANS 5763] (S)	F S M		<i>V. parahaemolyticus</i> and <i>V. cholerae</i>	TM/M/06 [ISO 21872-1]	F BV	
Enterobacteriaceae	TM/M/02 [ISO 21528-2]	F S		<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 BV	
Total coliforms	TM/M/03 [SANS 4832]	F S M		<i>Shigella</i> spp.	TM/M/07 [ISO 21567]	F	
Faecal Coliforms	TM/M/27 [SANS 7251] (F & M) TM/M/13 [VC8031] (S)	F S M		<i>Salmonella</i> spp.	TM/M/08 [ISO 6579-1]	F S BV	
<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		<i>Clostridium perfringens</i>	TM/M/09 [SANS 7937]	F S	
<i>E. coli</i> (Shellfish)	TM/M/11 [ISO 16649-3]	BV		<i>Listeria monocytogenes</i>	TM/M/10 [ISO 11290-1]	F S	
Coagulase Positive Staphylococci including <i>Staphylococcus aureus</i>	TM/M/05 [SANS 6888-1]	F S		<i>Listeria</i> spp. including <i>Listeria monocytogenes</i>	TM/M/10 [ISO 11290-1]	F S	
<i>Bacillus cereus</i>	TM/M/24 [SANS 7932]	F & S		Air Quality: TVC	SOP/M/16 [ISO 4833-2]	A	
Sterility in Canned Food (Fish, Meat and Meat Pouches)	TM/M/25 [SANS 6257]	F		Air Quality: Yeast & Mould	SOP/M/16 [SANS 7954]	A	
Yeasts & Moulds	TM/M/32 [ISO 21527-1&2]	F & S		Mesophilic Lactic Acid Bacteria	ISO 15214	F	
Identification of Microorganisms	TM/M/21 [VITEK MS]	MO					

F: Food, Fish & Beverages / S: Swabs / AQ: Air quality plates / MO: Identification of Microorganisms / BV: Bivalve (Shellfish)

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):

-To be completed by client-	-To be completed by laboratory staff-
Acknowledgement that sampling was conducted and points sampling confirmed. Name of company representative: _____ Signature: _____ Date: _____	Comment (any observations made during sampling that can affect sample results) e.g environmental conditions etc. _____ _____ 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: