



MISSION MOUNTAIN LABORATORIES

Customers will be responsible for the cost of shipping, replacement box, and supplies if sample is rejected because it does not meet requirements of collection or shipping.

Microbiological Sample Analysis Form

SAMPLES NOT PAID FOR IN ADVANCE WILL NOT BE ANALYZED
Call For Holiday Testing Days Samples need to be kept cold

ALL TESTS MUST REACH OFFICE WITHIN 48 HOURS AFTER COLLECTION

E.Coli Testing
Testing is only done Monday through Thursday

30 gram meat samples must be overnighed the day of collection to allow lab enough time to properly test

USDA/FDA	Price	Amount
E.coli Generic	\$55.00	<input type="text"/>
E.coli H7:0157 (30g Test)	\$55.00	<input type="text"/>
E. coli H7:0157(375g Test)	\$70.00	<input type="text"/>

Listeria Testing
Testing is only done Monday through Wednesday

SAMPLES RECEIVED AFTER WEDNESDAY WILL BE REJECTED

USDA/FDA	Price	Amount
Listeria Screen-Generic	\$50.00	<input type="text"/>
Listeria Monocytogenes	\$60.00	<input type="text"/>
Listeria Environmental	\$50.00	<input type="text"/>

USDA/USP/FDA Methods	Price	Amount
5-7 Day Methods		
Aerobic Plate Count (TPC)	\$35.00	<input type="text"/>
Salmonella Screen (USDA or USP)	\$35.00	<input type="text"/>
S. Aureus Screen (USDA or USP)	\$35.00	<input type="text"/>
Yeast and Mold Count (USP)	\$35.00	<input type="text"/>
E.coli Screen (USP)	\$35.00	<input type="text"/>
Total Coliforms (USP)	\$35.00	<input type="text"/>
Psuedomonas (USP)	\$35.00	<input type="text"/>

INSTRUCTIONS:

YOU ARE RESPONSIBLE FOR CLEANING AND SANITIZING YOUR OWN BOX

Only one swab per bag and seal carefully
DO NOT USE ZIPLOC BAGS WITH ZIPPERS
The box will be shipped back to you
Call your inspector for a copy of the collection instructions

All paper work needs to be placed on outside of styrofoam cooler to prevent it from getting wet

Manure Swab Information: Fill this in as you would like it to appear on your results

Testing is only done Monday through Wednesday

Swab Description: use the back of the form if you need more space

1- _____ Date and Time Sampled _____
 # 2- _____ Date and Time Sampled _____
 # 3- _____ Date and Time Sampled _____

COSTS: (CHECK TO BE INCLUDED WITH PAPERWORK)	Number Submitted	TOTAL
Salmonella Test \$42.00/each	<input type="text"/>	<input type="text"/>
Swabs from MML (Comes with bag) \$2.00/each	<input type="text"/>	<input type="text"/>
Bags only \$1.00/each	<input type="text"/>	<input type="text"/>

SAMPLE INFORMATION- This must be filled out completely Please Include Check For Samples

Collect Time: _____ Collect Date: _____ Collected By: _____

Company (If Applicable): _____

Sample Description: _____

Sample Lot and Item Number: _____

Send Report to (Email or Address): _____

Contact Person & Phone Number: _____

LAB USE ONLY Date and Time Received _____

Check # and Amount Received: _____ Initials of lab personnel receiving sample: _____