



SAMPLE SUBMISSION FORM

COMPANY INFORMATION:

| | |
|-------------------------------------|--|
| Company Name: | |
| Company Street Address: | |
| Company City/State/Zip Code: | |
| Company Phone Number: | |
| Samples Submitted By (Name): | |
| Contact Phone Number: | |
| Contact Email Address: | |
| Date of Sample Submission: | |
| PO # For This Order: | |

REPORTING INSTRUCTIONS: (RUSH RESULTS, RETURN RETAIN, COMPOSITE SAMPLES, SHELF LIFE TESTING, DR. WAGNER SHELF LIFE TESTING, FULL NUTRITIONAL PANEL)

Enter instructions here:

Submit Samples To:

Analytical Food Laboratories
Attention To: Sample Receiving
 860 Greenview Drive
 Grand Prairie, TX 75050

IF YOU HAVE ANY QUESTIONS, PLEASE CALL:
 972.336.0336 or Email
 SampleManagement@aftexas.com

Please include this submission form with every sample delivery to ensure testing accuracy. If you need assistance filling out this form, contact an AFL representative at 972.336.0336. You can also find this form on our website: www.aftexas.com in the forms section.

ENVIRONMENTAL TESTING SUPPLIES:

RESULTS REPORTING:

If you need to order environmental testing supplies, please fill out the Supplies Request Form and email it to Supplies@aftexas.com Environmental sampling instructions can be found on our website: www.aftexas.com

Results will be emailed to the account contacts and will also be available on the client portal. For client portal access, please call our main number or contact your AFL representative.

PLEASE PLACE AN "X" INTO THE COLUMN FOR TESTS NEEDED ON EACH SAMPLE

IF YOU NEED A TEST THAT IS NOT LISTED, PLEASE USE THE EMPTY SLOTS AVAILABLE OR ADD TO "REPORTING INSTRUCTIONS"

| Sample Description: (Product Name, Lot and Code Date Numbers, Production Dates) | Method Reference: (Preferred Method or Technique) | MICROBIOLOGY TESTING | | | | | | | | | | | | CHEMISTRY TESTING | | | | | | | | Reporting Specifications: (Upper and Lower Limits, Units of Reporting or Targets) | | | |
|---|---|----------------------|----------------|---------------|-----------------|----------------------|----------|------------|---------------------|--------------------|----------------------|--|--|---------------------------|----|----------------|-----|----------|---------|---------------|----------|---|------|-----|--|
| | | Aerobic Plate Count | Coliform Count | E. Coli Count | E. Coli O157:H7 | Lactic Acid Bacteria | Listeria | Salmonella | Staph. Aureus Count | Yeast & Mold Count | Yeast & Mold (Rapid) | | | Allergens (List the Type) | pH | Water Activity | Fat | Moisture | Protein | Carbohydrates | Calories | | Salt | TOC | |
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