



Foodstuff – microbiological analysis

ORDER

Laboratory fills out	
Sample number: E	Received by:
Arrival time:	Arrival temperature:
Analysis started at :	Lab storage temperature:

Customer specifics

Name:		VAT number:	
Street address:		Delivery of results: <input type="checkbox"/> email <input type="checkbox"/> post	
Postal code:	Postal area:	Billing method (choose one): <input type="checkbox"/> e-invoicing <input type="checkbox"/> email <input type="checkbox"/> post	
Email address:		e-Invoicing address: Broker ID::	
Phone number:		Invoice reference:	
Customer's signature and clarification:		Contact person: Email address: Phone number:	
<p><i>By signing this order I take responsibility for the correctness of the information provided. I am aware that the results are distributed according to my specifications and that all information I provide will be recorded also to the company's database.</i></p>			

Billing specifics, if differ from the above

Representative to be informed of results

Name:	VAT number:	Name:	VAT number:
Street address:		Street address:	
Postal code:	Postal area:	Postal code:	Postal area:
Email address:		Email address:	
Billing method (choose one): <input type="checkbox"/> e-invoicing <input type="checkbox"/> email <input type="checkbox"/> post		Phone number:	
e-Invoicing address: Broker ID:		Method of informing: <input type="checkbox"/> email <input type="checkbox"/> post	
Results may be forwarded also to local health authority: <input type="checkbox"/> yes <input type="checkbox"/> no Municipality:			

Sample specificsh

Sampling place/address:		Sampling time:	Sampler:	
<input type="checkbox"/> Retail sales <input type="checkbox"/> Wholesale <input type="checkbox"/> Industry <input type="checkbox"/> Catering <input type="checkbox"/> Else, what:				
Reason for the study:		<input type="checkbox"/> Shelf life/keepability <input type="checkbox"/> suspect of food poisoning		
<input type="checkbox"/> Self-monitoring <input type="checkbox"/> as planned <input type="checkbox"/> else, what:				
<input type="checkbox"/> Regulatory control <input type="checkbox"/> reclamation				
Name of food product:		<input type="checkbox"/> raw <input type="checkbox"/> cooked	Market name or trademark:	
Sample is:	Sample was taken from:		Sample temperature: °C	
<input type="checkbox"/> packaged <input type="checkbox"/> from unpacked product	<input type="checkbox"/> sales counter <input type="checkbox"/> manufacture <input type="checkbox"/> serving dish <input type="checkbox"/> transportation <input type="checkbox"/> storage facility		<input type="checkbox"/> sampler's device <input type="checkbox"/> actor's device	
Manufacturer (ID):	Vendor:	Manufactured for:	Importer:	
Production date:	Packaging date:	Best before date:	Use by date:	Lot number:
Storage temperature:		Analysis to be started at (date):		
Additional information:				

Information will be recorded onto the company's client register. Register descriptions in accordance with the Personal Data Act are available from the company, address below. In the event of damage, compensation is limited to the value of the performance.

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Check	Analysis	Unit	Result
<input type="checkbox"/>	Aerobic micro organisms 30 °C, 72 h	cfu/g	
<input type="checkbox"/>	Enterobacteriaceae 37 °C, 24 h	cfu/g	
<input type="checkbox"/>	Coliform bacteria 37 °C, 24 h	cfu/g	
<input type="checkbox"/>	Coliform bacteria in milk products 30 °C, 24 h	cfu/g	
<input type="checkbox"/>	Heat tolerant coliform bacteria 44 °C, 24 h	cfu/g	
<input type="checkbox"/>	<i>Escherichia coli</i>	cfu/g	
<input type="checkbox"/>	Coagulase positive staphylococcae 37 °C, 48 h	cfu/g	
<input type="checkbox"/>	Molds 25 °C, 7 d	cfu/g	
<input type="checkbox"/>	Yeasts 25 °C, 7 d	cfu/g	
<input type="checkbox"/>	<i>Bacillus cereus</i> 30 °C, 24 h	cfu/g	
<input type="checkbox"/>	Total count of aerobic micro-organisms	cfu/ml	
<input type="checkbox"/>	Detection of Salmonella in foodstuffs 37 °C, 24 h	/ 25 g	
<input type="checkbox"/>	<i>Listeria monocytogenes</i> , detection 37 °C, 24/48 h	/ 25 g	
<input type="checkbox"/>	<i>Listeria monocytogenes</i> , quantitative detection 37 °C, 24/48 h	cfu/g	
<input type="checkbox"/>	Enterococcae		
<input type="checkbox"/>	Sulphite-reducing clostridiums (subcontracted)	cfu/g	
<input type="checkbox"/>	<i>Clostridium perfringens</i> (subcontracted)	cfu/g	
<input type="checkbox"/>	Acid number (subcontracted)	mg KOH / g	
<input type="checkbox"/>	Smoking/burning point (subcontracted)	°C	
<input type="checkbox"/>	pH		
<input type="checkbox"/>	Sensory analysis (5 = excellent, 4 = good, 3–1 = deviant)		
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

Sample owner's or representative's signature and clarification

<p>Sampling method (LUVYLab's sampler fills out)</p> <p><input type="checkbox"/> Sampling was carried out according to company's sampling protocol</p> <p><input type="checkbox"/> Sampling deviated from the company's guidelines Statement of deviation:</p>	<p>Notices for sampler/laboratory</p>
<p>Sampler's signature and clarification</p>	

Laboratory's statement concerning the results:

Evaluation criteria: