**The University of Missouri Food Processing and Safety Lab**

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**Sample Submission Form**

(to be accompanied with each order)

|  |  |
| --- | --- |
| Company name: |  |
| Contact Person: |  |
| Address: |  |
| State & Zip |  |
| Phone: |  |
| Email:  |  |

 **Client information:**

 **Sample details:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Sample name** | **Quantity (lb)** | **Date of sampling** | **Date of shipping** | **Testing requested** |
|  |  |  |  |  | **pH** | **Water activity** | **Total Plate Count** | **Mold/ yeast** | ***E. coli/* coli form** | ***Salmo-nella*** | **Environ-mental *Listeria*** | **Lactic acid bacteria** |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |

**Instructions:**

* Check (√ ) the boxes above for specific testing/ analysis.
* Use an alternate sample submission form as required.
* Write clearly and fill out all sections that apply to your samples.
* Sample size:
	+ For analytical testing:
		- At least 2 samples from 2 separate batches
		- Test duration: 2-3 weeks
	+ For process authority services:
		- For acid foods: At least 2 samples from 2 separate batches
		- Test duration: 2-3 weeks
		- Acidified foods: At least 2 samples from 2 separate batches BEFORE and AFTER the addition of acidifying agents.
		- Also, please send details about raw ingredients, recipe, process-flow chart, any CCP’s, cooking timeXtemperature, expected shelf life, storage & distribution, pathogen of concern etc.
	+ For nutritional facts labelling:
		- Please call or contact for instructions before shipping samples
		- Product details and formulation/ recipe
		- Serving size
		- Test duration: 2-3 weeks

**Nutritional Facts Labelling:**

**Name of the product: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Serving size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If needed, please attach a formula sheet.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No.** | **Ingredient name** | **Weight or volume (grams or ml)** | **Ingredient constituents** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Note:**

* If needed, please use supplemental documentation to provide a detailed description of your food products and process.
* Our laboratory will contact you should we require additional information.
* Wherever necessary please indicate the storage temperature and expected shelf-life for your products.