

Ship to: **5 Sea Rose Avenue**
St. John's, NL A1A 0P6

Telephone: **(709) 726 – 9345 ext. 223**

Please send completed CoC's to: **submissions@avalonlaboratories.ca**

CUSTOMER INFORMATION

Company: _____

Contact: _____

Address: _____

P.O. Number (if required): _____

Invoice To: _____

Phone: _____

Email: _____

		Sample Information													Analysis Requested													Additional Info									
Sample ID*	Date/Time Collected	ICE	SWAB	PRODUCT	RAW	COOKED	Salt Water: <input type="checkbox"/> Chlorinated <input type="checkbox"/> Unchlorinated	Fresh Water: <input type="checkbox"/> Chlorinated <input type="checkbox"/> Unchlorinated	Standard Plate Count: <input type="checkbox"/> 22°C <input type="checkbox"/> 30°C <input type="checkbox"/> 35°C	Standard Plate Count: Petrifilm	Total Coliforms & <i>E. coli</i> (P/A – ColiIert)	Total & Fecal Coliforms (MPN)	<i>E. coli</i> (MPN)	Total Coliforms & <i>E. coli</i> (Petrifilm)	Total & Fecal Coliforms (MF)	<i>E. coli</i> (MF)	Fecal Coliforms (AI)	<i>Staphylococcus aureus</i> [coagulase +]	<i>Salmonella</i> (P/A): <input type="checkbox"/> Traditional <input type="checkbox"/> VIDAS	<i>Listeria</i> (P/A): <input type="checkbox"/> Traditional <input type="checkbox"/> VIDAS	<i>Listeria</i> Enumeration	<i>Vibrio</i> (P/A)	<i>Vibrio</i> Enumeration	<i>Enterobacteriaceae</i> (Petrifilm)	<i>Enterococcus</i>	Anaerobe: <input type="checkbox"/> Vegetative <input type="checkbox"/> Sporulative	Yeast & Molds (Petrifilm)	<i>Bacillus cereus</i>	Salt Content	pH	Air Settling Plates	Other:	Other:	LAB ID	Report ID		
1																																					
2																																					
3																																					
4																																					
5																																					
6																																					
7																																					
8																																					
9																																					
10																																					

*Reported as noted on CoC (i.e. batch, production date, etc.)

Note: Other analyses include Moisture Content, Crude Fat, Dry Ash, Protein

For Internal Use Only:

Received by:	Date / Time:	Arrival Temperature (°C):	Condition: <input type="checkbox"/> Accept <input type="checkbox"/> Reject (see SIF: C-0005)	Project No.:
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