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## Order form for foodstuff

**Customer number:** \_\_\_\_\_

**Company name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Postal code & city:** \_\_\_\_\_

**Contact person:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_

**Date of sampling:** \_\_\_\_\_ **Temperature sample:** \_\_\_\_\_

**Time of sampling:** \_\_\_\_\_ **Date of production:** \_\_\_\_\_

**Name sample taker:** \_\_\_\_\_ **Expiry date:** \_\_\_\_\_

**Place of sampling:** \_\_\_\_\_ **Storage temperature:** 4°C / 7°C / Ambient / Frozen

**Product description:** \_\_\_\_\_ **Brand:** \_\_\_\_\_

**Variety:** \_\_\_\_\_ **Grower:** \_\_\_\_\_

**Country of origin:** \_\_\_\_\_ **GGN/GLN:** \_\_\_\_\_

**Sample code:** \_\_\_\_\_ **Parcel:** \_\_\_\_\_

**Supplier:** \_\_\_\_\_ **Organic:** Yes / no

**Traceability code:** \_\_\_\_\_ **Urgent:** Yes / no

<b>Required microbiological analysis</b>	<input type="checkbox"/> Aerobic plate count 30°C <input type="checkbox"/> Yeast / mold plate count <input type="checkbox"/> E.coli plate count <input type="checkbox"/> Enterobacteriaceae plate count <input type="checkbox"/> Coliformen plate count <input type="checkbox"/> Bacillus cereus plate count <input type="checkbox"/> Staphylococcus plate count	<input type="checkbox"/> Alicyclobacillus plate count <input type="checkbox"/> Campylobacter spp / 25 gram <input type="checkbox"/> EHEC (STEC) / 25 gram <input type="checkbox"/> Salmonella / 25 gram <input type="checkbox"/> Listeria monocytogenes / 25 gram <input type="checkbox"/> Listeria monocytogenes plate count <input type="checkbox"/> Legionella pneumophila
<b>Required chemical analysis</b>	<input type="checkbox"/> Residue screening GC-MSMS / LC-MSMS <input type="checkbox"/> Residue specific: _____ <input type="checkbox"/> Heavy metals	<input type="checkbox"/> Vitamins: _____ <input type="checkbox"/> Mycotoxins: _____ <input type="checkbox"/> Other: _____
<b>Required analysis nutritional value</b>	<input type="checkbox"/> Sugars <input type="checkbox"/> Fat <input type="checkbox"/> Protein <input type="checkbox"/> Fatty acids	<input type="checkbox"/> Dry matter <input type="checkbox"/> Fiber <input type="checkbox"/> Ash <input type="checkbox"/> Nutritional value big package (sugars, protein, fat, fatty acids, moisture, ash, Fiber, carbohydrates) <input type="checkbox"/> Nutritional value small package (protein, fat, dry matter, ash)

**Remarks:** \_\_\_\_\_

If you want a independent sampling, please contact us at [samplecollect@agrocontrol.nl](mailto:samplecollect@agrocontrol.nl) or call +31 15 257 25 11.