AGAT Laboratories

Have feedback? Scan here for a quick survey!

9770 Trans Canada Route
St-Laurent, Quebec
H4S 1V9
www.agatlabs.com

For the exclusive use of the laboratory

Condition on arrival : Good ☐ Bad (see notes) ☐
Temperature on arrival : _____
AGAT work order #: _____
Notes :

Chain of custody for Shelf-Life Analysis ▪ Food Testing

Tel.: 514.337.1000 ▪ Toll-free: 1.866.417.5227 ▪ Fax: 514.333.3046

Client information

Company : _____
Adress : _____
_____
Telephone : _____ Fax : _____
Purchase Order : _____ Project Name : _____
Submission # _____
Sampling Point : _____

Send the report to :

Name : _____
Email : _____
Email : _____

Date of production: _____ **Predetermined total duration:** _____

Frequency: Daily ☐ Weekly ☐ Monthly ☐ **Storage temperature:** Room Temp ☐ Refrigerated ☐ Frozen ☐

Comments: _____

Matrices (legends) :

PFC	Raw Fish/Seafood		PLC	Raw milk products	
V	Meat/Poultry (heat-treated)	FL	Fruit/Vegetables/Nuts (heat-treated)	PB	Baked goods/ Chocolate
VC	Raw Meat/Raw Poultry	FLC	Fruit/Vegetables/Raw nuts	O	Eggs/Egg products
PF	Fish/Seafood (heat-treated)	PL	Dairy products (heat-treated)		

Other (spices/stable acid products/etc): _____

Duplicate analysis ☐ Triplicate ☐

Sample ID	Matrices	No. of containers included (specify if composite)	Total aerobic count (MFHPB-33) ☐	Total coliforms and E.coli 3M(MFHPB-34) ☐	Total coliforms and E.coli (MFHPB-19) ☐	Staphylococcus aureus 3M (MFLP-21) ☐	Yeast and mould 3M(MFHPB-32) ☐	Salmonella MDS (MFLP-100) ☐	Listeria monocytogenes BAX (MFLP-28) ☐	E.coli O157:H7 (MFHPB-10) ☐	Lactic acid bacteria ☐	Bacillus cereus (MFLP-42) ☐	Clostridium perfringens (MFHPB-23) ☐	Water activity (Aw) ☐	pH ☐	Organoleptic profile ☐	Shelf-life assessment ☐	Certified document ☐	Other ☐ Specify: _____							

Sample submitted by (full name and signature)	Date/Time	Sample received by (full name and signature)	Date/Time	Page _____ of _____
Sample submitted by (full name and signature)	Date/Time	Sample received by (full name and signature)	Date/Time	

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