

Form No. F/QP09/01	Quality Control Laboratory, DoF, Dhaka	Issue: 01/11/2020 Version: 0
	Test request form (Microbiology)	

Name of office/company			
Address			
Contact person details	Name		
	Email		
	Mobile No.		
Sample type	<input type="checkbox"/> Feed	<input type="checkbox"/> Fish & Fish products	<input type="checkbox"/> Others
Sample description/temperature (if applicable)	<input type="checkbox"/> Dry (Room temperature)	<input type="checkbox"/> Frozen (< 15 °C)	<input type="checkbox"/> Chilled

Sl. No.	Sample Code	Test required					
		Microbiology					
		Colony count	Coliform	<i>E. coli</i>	<i>Salmonella</i> spp.	<i>V. cholerae</i>	<i>V. parahaemolyticus</i>
1.		<input type="checkbox"/>					
2.		<input type="checkbox"/>					
3.		<input type="checkbox"/>					
4.		<input type="checkbox"/>					
5.		<input type="checkbox"/>					
6.		<input type="checkbox"/>					
7.		<input type="checkbox"/>					
8.		<input type="checkbox"/>					
9.		<input type="checkbox"/>					
10.		<input type="checkbox"/>					

Customer signature

Date

Received by

Date