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SAMPLE SUBMISSION FORM

Company Name: _____	Order No: _____
Address: _____	Submission Date: _____
_____	Date Required By: _____
Contact Person: _____	Email: _____
Contact Phone: _____	Contact Fax: _____

ANALYSIS REQUIRED		
No.	Sample Identification	Tests Required
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Analysis Testing:

- 1) Water Activity (a_w)
- 2) Viscosity
- 3) pH
- 4) Total Solids (Moisture Content)
- 5) Dissolved Solids (Brix)
- 6) Acidity
- 7) Other _____
(Please specify)

Microbiological Testing:

- 8) Aerobic Plate Count
- 9) Yeast & Moulds
- 10) Other _____
(Please specify)