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Toll Free : 1-877-462-9926

Chain of Custody

Food Analysis

INVOICE INFORMATION	
Company name:	_____
Contact name:	_____
Address:	_____
Tél.:	Fax: _____

REPORT INFORMATION (If differs from invoice)	
Company name:	_____
Contact name:	_____
Address:	_____
Tél.:	Fax: _____

PO # :	_____
Project #:	_____
Project Name:	_____
Maxxam Quote #:	_____

ORDER NO. MAXXAM
SAMPLES REGISTERED BY:

<p>N.B. Completed chain of custody should be supplied with all samples</p> <p>For Nutritional Analysis : Product density will be analyzed and invoiced for a liquid product if not supplied by the client. PLEASE NOTE: Serving sizes and Reference amounts must be provided to Maxxam when submitting samples. Simulated labels will not be provided if this data is submitted by the client. For changes, or creation of labels made after reporting, additional charges will be applied. For Reference Amounts and Serving Sizes please visit the following website, table 6.3 for guidance: http://www.inspection.gc.ca/english/fssa/labeli/guide/toce.shtml</p>					<p>REQUIRED ANALYSIS</p> <table border="1"> <tr> <td>Total Plate Count</td> <td>E.coli / Total coliforms 3M</td> <td>E.coli / Total coliforms MPN</td> <td>Staphylococcus aureus</td> <td>Listeria mono conv. MFHPB-30</td> <td>Listeria spp conv. MFHPB-30</td> <td>Listeria mono BAX MFLP-28</td> <td>Listeria spp BAX AOAC</td> <td>Bax- E.Coli 0157 H7</td> <td>Salmonella conv. MFHPB-20</td> <td>Salmonella BAX MFLP-29</td> <td>Lactobacillus</td> <td>Yeasts _X_ Molds _X_</td> <td>Others (specify):</td> <td>Nutritional Label CAN / US</td> </tr> </table>											Total Plate Count	E.coli / Total coliforms 3M	E.coli / Total coliforms MPN	Staphylococcus aureus	Listeria mono conv. MFHPB-30	Listeria spp conv. MFHPB-30	Listeria mono BAX MFLP-28	Listeria spp BAX AOAC	Bax- E.Coli 0157 H7	Salmonella conv. MFHPB-20	Salmonella BAX MFLP-29	Lactobacillus	Yeasts _X_ Molds _X_	Others (specify):	Nutritional Label CAN / US	<p>RAPID TESTING (BAX) _____</p> <p>CONVENTIONAL TESTING (CONV.) _____</p>	
Total Plate Count	E.coli / Total coliforms 3M	E.coli / Total coliforms MPN	Staphylococcus aureus	Listeria mono conv. MFHPB-30	Listeria spp conv. MFHPB-30	Listeria mono BAX MFLP-28	Listeria spp BAX AOAC	Bax- E.Coli 0157 H7	Salmonella conv. MFHPB-20	Salmonella BAX MFLP-29	Lactobacillus	Yeasts _X_ Molds _X_	Others (specify):	Nutritional Label CAN / US																		

Sample Identification	Sampling (date / time)	Sample type matrix	Reference Amount CAN / US	Serving Size CAN / US	Total Plate Count	E.coli / Total coliforms 3M	E.coli / Total coliforms MPN	Staphylococcus aureus	Listeria mono conv. MFHPB-30	Listeria spp conv. MFHPB-30	Listeria mono BAX MFLP-28	Listeria spp BAX AOAC	Bax- E.Coli 0157 H7	Salmonella conv. MFHPB-20	Salmonella BAX MFLP-29	Lactobacillus	Yeasts _X_ Molds _X_	Others (specify):	Nutritional Label CAN / US	COMMENTS*	
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Relinquished by : (Signature/Printed)	Received by : (Signature/printed)	DATE / TIME	COMMENTS*