



FTS
Laboratories

TM

FTS LABORATORIES
FOREIGN TRADE SERVICE CORP.
1500 TECHNOLOGY DR., SUITE 103
CHESAPEAKE, VA 23320
757-609-23320
orders@ftslabs.com

CHEMISTRY
Sample Analysis Request Form

Location for sampling of
product by FTS
(Warehouse, address)

Contact at warehouse

Phone number

Your company name
and billing address:

Send results to the following
email Addresses:

Contact person for
out-of-spec results:

Phone:

This section below
is for FTS Lab use
only

FTS LABS
SAMPLE NUMBER

TRACEABILITY
Identify each sample in the space below.
Provide the lot references that you want to
appear on the COA

Select the tests you want performed by placing a "X" in the space below the test in the row corresponding to the sample identification. If you want two tests for Salmonella/375g (750g), list the sample twice and select the test again. NOTE: This is not a complete list. If you want to request a test that is not in the list below, contact orders@ftslabs.com and we will send you an amended form. *Write special requests in the last row.

PRODUCT	SAMPLE IDENTIFICATION Lot No., PO No., batch, date code etc.	PV	FFA	Grade	Inspection of packaging	Moisture	Water activity	Brix	pH	Aflatoxin (Total)	Aflatoxin HPLC B1,G1,B2,G2	Pesticide screen	* residue (specify)	*Light filth Macro Insect ID	*Other Tests
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*THE TESTS LISTED ABOVE ARE THE MOST FREQUENTLY REQUESTED, BUT WE PROVIDE A FULL RANGE OF CHEMISTRY AND MICROBIOLOGY TESTING. PLEASE ADD OTHER TEST CHEMISTRY REQUESTS IN THE SPACE PROVIDED TO THE RIGHT:

DATE RECEIVED:

RECEIVED BY:

CONDITION
OF SAMPLES:

____ Ambient ____ Frozen ____ Intact ____ Damaged

T °C



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MICROBIOLOGY
Sample Analysis Request Form

Location for sampling of
product by FTS
(Warehouse, address)

Contact at warehouse

Phone number

Your company name
and billing address:

Send results to the
following email
Addresses:

Contact person for
out-of-spec results:

Phone:

This section below
is for FTS Lab use
only

TRACEABILITY
Identify each sample in the space below.
Provide the lot references that you want to
appear on the COA

Select the tests you want performed by placing a "X" in the space below the test in the row corresponding to the sample identification. If you want two tests for Salmonella/375g (750g), list the sample twice and select the test again. **NOTE:** This is not a complete list. If you want to request a test that is not in the list below, contact orders@ftslabs.com and we will send you an amended form. Write special instructions in the last row.

FTS LABS
SAMPLE NUMBER

PRODUCT

SAMPLE IDENTIFICATION
(Lot No., PO No.,
Batch/Date etc.)

Aerobic
Plate Count

Total
Coliforms

E. coli

E. coli
O157:H7

Salmonella
/375g
/25g

Listeria mono.
/125g

Listeria/25g

Coag. Staph.
Staph. aureus

Entero-
bacteriaceae

Yeast &
Mold Count

Other test

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL
INSTRUCTIONS OR
OTHER TESTS:

DATE RECEIVED:

RECEIVED BY:

CONDITION
OF
SAMPLES:

____ Ambient ____ Frozen ____ Intact ____ Damaged

T °C _____