



YOUR SHELF LIFE SPECIALISTS.



SAMPLE SUBMISSION FORM

COMPANY NAME:

EMAIL:

ADDRESS:

SUBMISSION DATE:

CONTACT PERSON:

DATE REQUIRED BY:

CONTACT PHONE:

ORDER NUMBER:

ANALYSIS REQUIRED:

No.	SAMPLE IDENTIFICATION	TESTS REQUIRED
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

ANALYSIS TESTING:

1. Water Activity
2. Viscosity
3. pH
4. Total Solids (Moisture Content)
5. Dissolved Solids (Brix)
6. Gluten
7. CO₂/O₂
8. Other (Please specify)

MICROBIOLOGICAL TESTING:

9. Aerobic Plate Count
10. Yeast & Moulds
11. Other (Please specify)

mätt solutions

food quality specialists