

ANALYSIS REQUEST FORM (FOOD, OIL & PHARMACEUTICAL)

Please Fill Out and Return with Sample(s)

[] New Customer

[] Existing Customer

Date : _____

Parameter offered is accredited to SAMM ISO/IEC 17025 with associated to the method
For more information, kindly visit our website at www.biosynergy.com.my

Company :	Contact Person :
Address :	Tel No. : Fax No. :
	E-mail :

Sample Description / Identification (s) : *Note : Please enclosed list of description if below space was not enough to fill up*

Sample ID	Sample Marking	Sample Quantity	Expired Date	Storage Condition
1.				
2.				
3.				
4.				
5.				

Analysis Required : PO No.: _____ Quotation : _____

Select : 1. Accredited Test Parameter 2. Non Accredited Test Parameter

<p>Microbiological</p> <input type="checkbox"/> Standard Plate Count <input type="checkbox"/> Staphylococcus aureus <input type="checkbox"/> Salmonella <input type="checkbox"/> Yeast <input type="checkbox"/> Mould <input type="checkbox"/> Coliforms / count <input type="checkbox"/> Escherichia coli / 0157:H7 <input type="checkbox"/> Basillus cereus <input type="checkbox"/> Clostridium perfringens <input type="checkbox"/> Vibrio parahaemolyticus <input type="checkbox"/> Vibrio cholerae <input type="checkbox"/> Vibrio parahaemolyticus <input type="checkbox"/> Vibrio vulnificus <input type="checkbox"/> Clostridium botulinum <input type="checkbox"/> Total Plate Count <input type="checkbox"/> Fecal Coliforms <input type="checkbox"/> Total Microbial Aerobic Count <input type="checkbox"/> Total Combined Yeast & Mould <input type="checkbox"/> Enterobacteria & Certain Other Gram-Negative Bacteria <input type="checkbox"/> Pseudomonas aeruginosa <input type="checkbox"/> Clostridia spp <input type="checkbox"/> Candida Albicans <input type="checkbox"/> Fecal Streptococci <input type="checkbox"/> Bacterial Endotoxin <input type="checkbox"/> Legionella pneumophila <input type="checkbox"/> Sulphite Reducing Anaerob <input type="checkbox"/> Clostridium Perfringens <input type="checkbox"/> Anaerobic Plate Count <input type="checkbox"/> Ttl Mesophilic Bacterial Count <input type="checkbox"/> Therm. spore-forming Bactria <input type="checkbox"/> Flats Sour spores <input type="checkbox"/> Therm. Gas-producing Anaerob <input type="checkbox"/> Bile-tolerant Gram -live Bacteria <input type="checkbox"/> Salmonella (Rapid 3M) <input type="checkbox"/> Enterobacter sakazaki <input type="checkbox"/> Rapid Yeast & Mould (3M) <input type="checkbox"/> Shigella <input type="checkbox"/> Compylobacter spp	<input type="checkbox"/> Coagulase-positive <input type="checkbox"/> Staphylococci cepacia <input type="checkbox"/> Sterility Test <input type="checkbox"/> Giardia/Cryptosporidium <p>Metals/Minerals</p> <input type="checkbox"/> Arsenic <input type="checkbox"/> Lead <input type="checkbox"/> Cadmium <input type="checkbox"/> Tin <input type="checkbox"/> Antimony <input type="checkbox"/> Calcium <input type="checkbox"/> Magnesium <input type="checkbox"/> Manganese <input type="checkbox"/> Iron <input type="checkbox"/> Zinc <input type="checkbox"/> Copper <input type="checkbox"/> Sodium <input type="checkbox"/> Potassium <input type="checkbox"/> Chromium <input type="checkbox"/> Nickel <input type="checkbox"/> Mercury <p>Nutrition Facts :</p> <input type="checkbox"/> Malaysia <input type="checkbox"/> US <input type="checkbox"/> Singapore <input type="checkbox"/> China/HK/Taiwan <input type="checkbox"/> UK <p>Spoilage in Canned Foods</p> <input type="checkbox"/> Flat Sour Organism <input type="checkbox"/> Anaerobic Organism <input type="checkbox"/> Leakage Organism <p>Mycotoxins</p> <input type="checkbox"/> Aflatoxin M1, <input type="checkbox"/> Aflatoxin B1, B2, G1, G2	<p>Antibiotics</p> <input type="checkbox"/> Tetracycline <input type="checkbox"/> Oxytetracycline <input type="checkbox"/> Chlorotetracycline <input type="checkbox"/> Doxycycline <input type="checkbox"/> Chloramphenicol <input type="checkbox"/> Fluoroquinolones <input type="checkbox"/> Flumequine <input type="checkbox"/> Amoxicillin <input type="checkbox"/> Beta-agonist <input type="checkbox"/> Florfenicol <input type="checkbox"/> Thiamphenicol <p>PAH</p> <input type="checkbox"/> Naphthalene <input type="checkbox"/> Acenaptylene <input type="checkbox"/> Acnaphtelene <input type="checkbox"/> Flourene <input type="checkbox"/> Phenanthrene <input type="checkbox"/> Flouranthene <input type="checkbox"/> Pyrene <input type="checkbox"/> Benzo (a) anthracene <input type="checkbox"/> Chynsense <input type="checkbox"/> Benzo(b)flouranthene <input type="checkbox"/> Benzo(k)flouranthene <input type="checkbox"/> Benzo(a)pyrene <p>Sugar Profile</p> <input type="checkbox"/> Fructose <input type="checkbox"/> Glucose <input type="checkbox"/> Lactose <input type="checkbox"/> Maltose <input type="checkbox"/> Sucrose <p>Pesticides</p> <input type="checkbox"/> Organochlorine <input type="checkbox"/> Organophosphorus <input type="checkbox"/> Screening of Pesticides Residues (GC-MS/MS)	<p>Edulterants :</p> <input type="checkbox"/> Steroids Group <input type="checkbox"/> Men Health Screening <input type="checkbox"/> Non Steroidal Anti Inflammatory Drugs <input type="checkbox"/> Whitening Agents <input type="checkbox"/> Slimming Agents <input type="checkbox"/> Antidiabetic Screening <p>Edible Oil</p> <input type="checkbox"/> Moisture & Vol. Matter <input type="checkbox"/> Impurities <input type="checkbox"/> Peroxide Value <input type="checkbox"/> Acidity <input type="checkbox"/> DOBI <input type="checkbox"/> Saponification Value <input type="checkbox"/> Colour Lovibond <input type="checkbox"/> Slip Melting Point <input type="checkbox"/> Mineral Oil (Qualitative) <input type="checkbox"/> PG <input type="checkbox"/> TBHQ <input type="checkbox"/> BHA <input type="checkbox"/> BHT <input type="checkbox"/> Benzo(a)pyrene <input type="checkbox"/> Anisidine Value <input type="checkbox"/> Polycyclic Aromatic Hydrocarbons (HPLC) <input type="checkbox"/> Hexaconazole <input type="checkbox"/> Hydrocarbon (GC-MC/MS) <p>Phthalate Esters</p> <input type="checkbox"/> BBP <input type="checkbox"/> DBP <input type="checkbox"/> DEHP <input type="checkbox"/> DIBP <input type="checkbox"/> DINP <input type="checkbox"/> DNOP <p>Anti Oxidants</p> <input type="checkbox"/> Ethoxyquine	<p>Dye</p> <input type="checkbox"/> Sudan I / II / III / IV <input type="checkbox"/> Para Red <input type="checkbox"/> Rhodamine B <input type="checkbox"/> Orange II <input type="checkbox"/> Malachite Green <input type="checkbox"/> Leucomalachite Green <input type="checkbox"/> Crystal Violet <input type="checkbox"/> Leucrytal Violet <p>Nucleic Acid</p> <input type="checkbox"/> Porcine DNA <input type="checkbox"/> Allergen Gluten <input type="checkbox"/> Allergen Soy <input type="checkbox"/> Allergen Mik <input type="checkbox"/> Allergen Peanut <input type="checkbox"/> Allergen Egg <input type="checkbox"/> Allergen Fish <input type="checkbox"/> Allergen-Celery <input type="checkbox"/> Allergen-Sesame <input type="checkbox"/> Chicken DNA <input type="checkbox"/> Cattle DNA <input type="checkbox"/> Sheep DNA <input type="checkbox"/> Goat DNA <input type="checkbox"/> WSSV <input type="checkbox"/> YHV <input type="checkbox"/> Mycoplasma <input type="checkbox"/> Allergen – Crustacean <input type="checkbox"/> Allergen – Mollusc <input type="checkbox"/> Allergen – Almond <p>Nitroamidazoles</p> <input type="checkbox"/> Dimetrimedazole <input type="checkbox"/> Metronidazole <input type="checkbox"/> Iprnidazole <input type="checkbox"/> Ronidazole <input type="checkbox"/> Dimetridazole-2-hydroxy <input type="checkbox"/> Metronidazole-hydroxy <input type="checkbox"/> Iprnidazole-hydroxy	<p>Preservative</p> <input type="checkbox"/> Benzoic Acid <input type="checkbox"/> Sorbic Acid <input type="checkbox"/> Methylparaben <input type="checkbox"/> Propylparaben <input type="checkbox"/> Sulphur Dioxide <input type="checkbox"/> Boric Acid <input type="checkbox"/> Nitrite <input type="checkbox"/> Nitrate <p>Hydroquinone</p> <input type="checkbox"/> Mbnomethylether <input type="checkbox"/> Mbnnoethylether <input type="checkbox"/> Mbnbenzylether <p>Others</p> <input type="checkbox"/> pH <input type="checkbox"/> 3-MCPD <input type="checkbox"/> Melamine <input type="checkbox"/> Water Activity <input type="checkbox"/> Bisphenol-A <input type="checkbox"/> Colour ADM <input type="checkbox"/> Flash Point <input type="checkbox"/> Kinematic Viscosity <input type="checkbox"/> Friability <input type="checkbox"/> Iodine <input type="checkbox"/> Synthetic colour <input type="checkbox"/> Vitamin D ₂ /D ₃ <input type="checkbox"/> Non-dioxin like PCBs <input type="checkbox"/> Fluoride/Flourine
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Timeline : Urgent 3 Working Days Normal 10 Working Days

Decision Rule based on :

1. Laws or regulation 2. Standards or specifications 3. Requirements of customers

<p>Other specific instruction / Request :</p> <input type="checkbox"/> Composite Sample <input type="checkbox"/> Invoice include PO <input type="checkbox"/> Retest Sample <input type="checkbox"/> COA additional () copies <input type="checkbox"/> COA Mfg Date : _____ / Exp. Date : _____ <input type="checkbox"/> Return Bottle / Container / Icebox <p>Billing Information : _____</p> <p>Address : _____</p>	<p>Request by : <i>Customer</i></p> <p>Name : _____</p> <p>Date : _____</p>
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Lab Use Only					
Sample Receipt	Good Condition	Yes	No	<input type="checkbox"/> Proceed to register / send to lab <input type="checkbox"/> Return to customer	Performed by : Date :
	Enough Quantity	Yes	No		
Request Review	Meet Customer Requirement	Yes	No	Reason for sample rejection : _____	
	Meet Technical Requirement	Yes	No		
Verified	Method	Yes	No	<input type="checkbox"/> Accept / Schedule for Test <input type="checkbox"/> Return to customer	Performed by : Date :
	Timeline	Yes	No		