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Manager: Jayne Stratton, Ph.D

Microbiological Services Sample Submittal Form

Date Submitted:

Report and Bill To:	
Phone ()	Fax ()

Copy To:

Sample ID	Lot #	Total Plate Count	Coliforms & Gen. E coli	Yeast & Mold	<i>Bacillus cereus</i>	<i>Staph. aureus</i>	<i>E.coli</i> O157:H7	<i>Salmonella</i>	<i>Listeria</i> (sp. or mono)	Food Screen	Enum Pkg	Lactic Count	Other

Food Screen: Total Plate Count, Total Coliforms, Generic *E. coli*, Yeast, Mold, *Staphylococcus*, and *Salmonella*
 Enumeration Package: Total Plate Count, Total Coliforms, Generic *E. coli*, Yeast, Mold, *Staphylococcus*