

# NM STATE UNIVERSITY

## Sample Submission Form

### NMSU Food Safety Laboratory

2990 Knox St

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Lab Phone: (575) 646-7345

#### Lab Use Only

Received by: \_\_\_\_\_ Sample Temperature (°C): \_\_\_\_\_

Date Received: \_\_\_\_\_

Send Report To

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Company Name:

Company Address:

Phone Number:

Date Submitted:

Bill To: (if different)

Name:

Address:

Email:

#### Analysis Requested – Please Mark the Boxes with the requested test

Lab Use Only	Sample Identification (name, description, lot, etc.)	General Tests				Pathogens						Other		
		1 Aerobic Plate Count	2 Coliforms Gen. <i>E. coli</i>	3 Yest and Mold	4 Lactic Acid Bacteria	5 <i>Salmonella</i>	6 <i>Listeria spp.</i>	7 <i>L. mono-cytogenes</i>	8 <i>E. coli</i> O157:H7	9 STEC	10 <i>S. aureus</i>	11 pH	12 Water Activity	13 Enumeration package

Contact the lab for required sample size if necessary.

Enumeration Package (Includes 1-3): APC, Y/M, and E/C

Special Request and Other Tests: