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Surefish™

Seafood Quality Specialists

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Surefish, Seattle lab 206-284-1472 * Surefish Alaska, Dutch Harbor 907-581-4904 * Surefish, Bellingham 360-650-9343
Surefish Asia, Busan 82-51-441-6108 * Surefish Vietnam, Ho Chi Minh City 84-8-8246-902

Microbiological Testing - Order Form

Please fax to Surefish Seattle lab at 206-282-2667

CLIENT INFORMATION

COMPANY NAME	CONTACT NAME	EMAIL
ADDRESS	PHONE	FAX
Bill inspection to (check one): <input type="checkbox"/> CLIENT <input type="checkbox"/> OTHER (specify)		
Results to be sent to (check all that apply): <input type="checkbox"/> CLIENT <input type="checkbox"/> PRODUCER <input type="checkbox"/> OTHER (specify) (provide fax number or email address)		

SAMPLE DETAILS

PRODUCT (species and form):	PRODUCER/ VESSEL NAME:
LOT ID and SIZE	SAMPLE SIZE <input type="checkbox"/> Per Client <input type="checkbox"/> Per Surefish/Client
SAMPLE TO BE DRAWN BY: <input type="checkbox"/> Surefish <input type="checkbox"/> Client <input type="checkbox"/> Other (specify):	
SAMPLE LOCATION:	PRODUCT/SAMPLE AVAILABILITY (Date):

ANALYSIS METHOD

<input type="checkbox"/> INDIVIDUAL TEST PER SAMPLE	<input type="checkbox"/> COMPOSITE OF ALL SAMPLES	<input type="checkbox"/> OTHER (specify):
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ANALYSIS

<input type="checkbox"/> Total Aerobic Plate Count	<input type="checkbox"/> Enterobacteriaceae
<input type="checkbox"/> Total Coliform	<input type="checkbox"/> Total Coliform/E. coli (MPN)
<input type="checkbox"/> E. coli	<input type="checkbox"/> E. coli 0157:H7 (Enrichment Method)
<input type="checkbox"/> Staph. aureus count (CFU/g)	<input type="checkbox"/> Staph. aureus (presence in 25g)
<input type="checkbox"/> Salmonella spp. (presence in 25g)	<input type="checkbox"/> Salmonella Confirmation (typhi)
<input type="checkbox"/> Basic Food Screen (all of above)	<input type="checkbox"/> Yeast & Mold Count
<input type="checkbox"/> Listeria spp. (presence in 25g)	<input type="checkbox"/> Listeria monocytogenese (Positive/Negative)
<input type="checkbox"/> Environmental Swab Testing (includes Total Aerobic Plate Count, Total Coliform, E. coli)	
<input type="checkbox"/> Histamine	<input type="checkbox"/> FDA Histamine (per line item: 18 tests)
<input type="checkbox"/> Other (specify)	

NOTES

Please Sign and Date:

INSP.

No.

- Clients reserving inspections will be given priority over those with no or short notice.
- Client will be responsible for payment within 15 days of billing. Late payments will be charges at 1% per month.
- Inspections will be carried out according to the following statement of principles:
Confidentiality - Surefish and its employees and contractors are committed and obligated to confidentiality of the information received in the course of employment by the client. Inspection information will be disclosed only to the client ordering the inspection, unless authorized by client or legally compelled.
Specifications - Inspections will be made according to the specifications provided by the client. Absent the provision of specifications by the client, Surefish will make objective observations without application of particular specifications.
Sampling - Sampling rates and methods will be agreed upon by Surefish and the client. Surefish is responsible for observing and reporting the findings of the sampling according to the agreed specifications. Surefish cannot guarantee that the sampling will correctly represent the attributes of any of the unsampled product. Surefish will note on our inspections when others have drawn samples.

