

**FOOD CHEMISTRY - SAMPLE SUBMISSION FORM**



**ALS**  
**Food & Pharmaceutical**  
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Office use only:  
Affix ALS Workorder label

<b>Company Name:</b>	
<b>Contact Person:</b>	
<b>Street Address:</b>	
<b>Email Address:</b>	
<b>Phone:</b>	

Print &  
Email to ALS



**Office use only:**

Date:

Time:

Condition:

Opened by:

<b>Purchase Order No.</b>		<b>Special Instructions:</b>	
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Sample Name	Testing Required (please tick tests required)														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Other (please specify)

<b>Do you require a separate report for each sample:</b>		<b>Samples to be composited:</b>	
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Test No.	Test Description	Test No.	Test Description	Test No.	Test Description
1	Nutritional Information Panel	6	Fat	11	Gluten
2	Total Dietary Fibre	7	Fat Profile	12	SO <sub>2</sub>
3	Protein	8	Peroxide Value	13	Ash
4	Moisture	9	Free Fatty Acids	14	Water Activity
5	Salt	10	Aflatoxins		

**Please enclose a hard copy of this completed form with the samples**