



TEST REQUEST FORM

9503 N Congress Ave, Kansas City, MO 64153
 phone: 816 891-7337 / www.gpalab.com
 e-mail: reports@gpalab.com; gpal@gpalab.com

All contact info below must be completed. (If Bill to contact is the same as Report to contact, enter "same.")

Report to contact:	Pho:	Bill to contact:	Pho:	Submitted by:
Company:	Fax:	Company	Fax:	Company
Address		Address:		Phone:
City, State Zip		City, State Zip		Fax:
email:		email:		email:
<input type="checkbox"/> Report to contact info has changed.		<input type="checkbox"/> Bill to contact info has changed.		

Form must be complete for testing to be initiated. To prevent possible documentation fees, please check appropriate box:

All samples on 1 report. Each sample on separate report.

SAMPLE TYPE: _____ *Note: For wheat samples to be milled, please note wheat (W), flour (F) or wheat & flour (W&F) by the test name.*

Customer Sample ID:

Proximate Analysis	Bake Testing	Physical Tests	Mycotoxins (circle or check appropriate box)
Moisture	Sponge & Dough	Granulation (list screen sizes from website)	Aflatoxin ELISA HPLC
Ash	Pup Loaf	Alpine	Ochratoxin ELISA HPLC
Protein	Cake	Ro-Tap	T2 ELISA GC
M, A, P	Cookie	pH	Vomitoxin ELISA HPLC
Fat (Ether Extraction)	Doughnut	Brookfield Viscosity	Zearalenone ELISA HPLC
Fat (Acid Hydrolysis)	Grain and Flour Analysis	Alkaline Water Retention	Fumonisin ELISA HPLC
Fat by GC	Falling Number	Kernel Size Characterization	Heavy Metals
Crude Fiber	1000 Kernel Weight	Solvent Retention Capacity	Screen #1 (As, Cd, Pb, Hg)
Total Dietary (sol. & Insol.)	Test Weight	Gluten Index	Screen #2 (As, Cd, Pb, Hg, Sb)
Calories (by calc.)	Zeleny Sedimentation	Wet Gluten	Screen #3 (#1 + Ba, Be, Cr, Ni, Se, Ag)
Carbohydrates (by calc.)	Experimental Milling	Dry Gluten	Individual Elements - List Here:
Physical Dough Testing	Grade	Vitamins & Minerals	Miscellaneous
Farinograph	Flour Color (Minolta)	B ₁	Semolina Speck Count
Alveograph	Starch Damage	B ₂	Texture Analysis
Amylograph	Total Starch	Niacin	ADA
Standard	Potassium Bromate	Vitamin A	Saturated/Unsaturated Fat
Modified	CO 2 by Chittick	Vitamin C	Cholesterol
Starch (cook/cool)	Sanitation-Extraneous Matter	Vitamin D	Oxidative Stability Index
DoughLAB	Sanitation-Foreign Material	Folic Acid	Free Fatty Acids
Mixograph	Allergens	Calcium	Peroxide Value
Extensograph	Gluten	Iron	Lovibond Color
RVA	Soy	Zinc	Sugar Profile (HPLC)
Risograph	Peanut	Phosphorus	Nutritional Label
M, A, P, Farino, FNV	Milk	Potassium	Pesticides Screen (list screen # from website)
	List others from website:	Sodium	Glyphosate (ELISA)

Comments/Additional Information or tests not indicated on this form:

	RUSH <small>(MARK BOX AT RIGHT)</small>		PO #
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Please complete all contact information below:

Report to: _____ Ph: _____	Bill to: _____ Ph: _____	Submitted by: _____
Company: _____	Company: _____	Company: _____
Address: _____	Address: _____	Ph: _____
email: _____	email: _____	email: _____
<input type="checkbox"/> Contact information has changed	<input type="checkbox"/> Bill to information has changed	

To prevent documentation fees, please check the appropriate box: All samples on 1 COA Each sample on separate COA

SAMPLE TYPE (matrix): _____

Customer sample descriptions/IDs (add additional sheets as needed): **Compositing required?:** Yes No

Customer ID	Customer Description

Testing required (mark all that apply):

Pathogens	
<i>E. coli</i> O157:H7 25g, BAX	<input type="checkbox"/>
<i>E. coli</i> O157:H7 375g, BAX	<input type="checkbox"/>
<i>E. coli</i> Top 7 STEC 25g	<input type="checkbox"/>
<i>Listeria</i> spp. 25g	<input type="checkbox"/>
<i>Listeria</i> spp. sponge/swab	<input type="checkbox"/>
<i>L. monocytogenes</i> sp/swab	<input type="checkbox"/>
<i>L. monocytogenes</i> 25g	<input type="checkbox"/>
<i>Listeria</i> Quantitative	<input type="checkbox"/>
<i>Salmonella</i> spp. 25g BAX	<input type="checkbox"/>
<i>Salmonella</i> spp. 375g BAX	<input type="checkbox"/>
<i>Salmonella</i> spp. sponge/swab	<input type="checkbox"/>
Coag Positive <i>Staphylococcus</i>	<input type="checkbox"/>
<i>Bacillus cereus</i>	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

Quantitative Testing (25g sample)			
Standard Plate Count FDA	<input type="checkbox"/>	Fecal Coliforms	<input type="checkbox"/>
Standard Plate Count Petrifilm	<input type="checkbox"/>	Lactic Acid Bacteria Petrifilm	<input type="checkbox"/>
Anaerobic Plate Count FDA	<input type="checkbox"/>	Mesophilic Spores	<input type="checkbox"/>
Anaerobic Plate Count	<input type="checkbox"/>	Thermophilic Spores	<input type="checkbox"/>
Coliform Count MPN	<input type="checkbox"/>	<i>Pseudomonas</i> USP	<input type="checkbox"/>
Coliform Count Petrifilm	<input type="checkbox"/>	Yeast Count FDA	<input type="checkbox"/>
<i>E. coli</i> MPN	<input type="checkbox"/>	<i>Mold Count</i> FDA	<input type="checkbox"/>
<i>E. coli</i> Petrifilm	<input type="checkbox"/>	Rapid Yeast & Mold Petrifilm	<input type="checkbox"/>
Enterobacteriaceae Petrifilm	<input type="checkbox"/>		<input type="checkbox"/>

Additional testing needed:
