



Agri-Food & Veterinary Authority of Singapore
 Veterinary Public Health Services
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For Registration Use

Please see overleaf for laboratory tests

REQUEST FOR LABORATORY EXAMINATION [CODE 021 COMMERCIAL]

(This form may take you 5 – 6 minutes to fill in)

REQUESTOR

Requestor Name : (* Mr / Miss / Mrs / Mdm / Dr) _____
 Company Name : _____
 Contact Number : _____ (* Office/Mobile) Fax No.: _____
 Address : _____ Postal Code _____
 Payment Method : Non-Giro Giro

PRODUCT IDENTIFICATION

Product Description : _____
 Country of Origin : _____ Brand: _____

SOURCE DETAILS

Source/Manufacturer : _____
 Source Address : _____ Postal Code _____

SAMPLE & **TEST DETAILS

Sampling Date: _____ No. of Samples : _____ (kg/l/oz) x _____ (can/ctn/pcs/pkts/bott)

Sample Listing (for application with more than one sample)

S/N	Sample Marking/Code	Sample Description	Unit Weight/Volume	No. of Unit(s)	Total Weight / Volume

General Remarks : _____

DECLARATION

I declare that the above information is correct.

 Signature / Company Stamp / Date

FOR OFFICIAL USE

Sample : * Sealed / Unsealed / Composite Sample Receipt Date : _____
 Total Fees : _____ Receipt No : _____ Payment Receipt Date : _____
 Invoice Amount : _____ Invoice No : _____ Invoice Date : _____

* Please delete accordingly LR No: _____ Date : _____
 ** Please indicate test overleaf

Please indicate with an "X" the laboratory tests required

1. <input type="checkbox"/> Total Meat Content [Comprising Moisture, Ash, Crude Fat and Crude Protein]	15. <input type="checkbox"/> Bacteriological Tests [Comprising TPC, E.coli or Coliform count, Staph aureus count, detection of Salmonella, Shigella and Vibrio cholera]
2. Proximate Analysis <input type="checkbox"/> Ash <input type="checkbox"/> Crude Protein <input type="checkbox"/> Moisture <input type="checkbox"/> Crude Fat	16. Enumeration <input type="checkbox"/> Total Plate Count <input type="checkbox"/> Psychrophilic Count <input type="checkbox"/> Spore Count <input type="checkbox"/> Coliform Count <input type="checkbox"/> E coli Count <input type="checkbox"/> Staph aureus Count <input type="checkbox"/> Mold Count <input type="checkbox"/> Yeast Count <input type="checkbox"/> V. parahaemolyticus Count <input type="checkbox"/> Clostridium perfringens Count <input type="checkbox"/> Bacillus Count
3. Rancidity Tests <input type="checkbox"/> Peroxide Value <input type="checkbox"/> FFA <input type="checkbox"/> TBA	17. Detection for Pathogens <input type="checkbox"/> Salmonella <input type="checkbox"/> Shigella <input type="checkbox"/> Listeria monocytogenes <input type="checkbox"/> Vibrio cholera <input type="checkbox"/> Vibrio parahaemolyticus <input type="checkbox"/> Yersinia enterocolitica <input type="checkbox"/> Campylobacter
4. Freshness Tests <input type="checkbox"/> TVN <input type="checkbox"/> TMA <input type="checkbox"/> Indole <input type="checkbox"/> Histamine	18. Detection for Enteric Viruses <input type="checkbox"/> Norovirus <input type="checkbox"/> Hepatitis A virus
5. Additives/Preservatives <input type="checkbox"/> Nitrite <input type="checkbox"/> Nitrate <input type="checkbox"/> Sugar <input type="checkbox"/> Salt/Silica <input type="checkbox"/> Sorbic Acid <input type="checkbox"/> Benzoic Acid <input type="checkbox"/> Boric Acid <input type="checkbox"/> Sulphur Dioxide <input type="checkbox"/> Colouring Matter <input type="checkbox"/> Ascorbic Acid <input type="checkbox"/> Sudan Dye <input type="checkbox"/> Rhodamine B <input type="checkbox"/> Parabens <input type="checkbox"/> Polyphosphate [Comprising Methyl-para-hydroxybenzoate, Propyl-para-hydroxybenzoate, Ethyl-para-hydroxybenzoate, Butyl-para-hydroxybenzoate]	19. Bacterial/Mould Identification <input type="checkbox"/> Bacteria Identification <input type="checkbox"/> Mould Identification <input type="checkbox"/> Bacteria Characterization by Ribotyping
6. Heavy Metals <input type="checkbox"/> Mercury <input type="checkbox"/> Lead <input type="checkbox"/> Cadmium <input type="checkbox"/> Copper <input type="checkbox"/> Arsenic <input type="checkbox"/> Tin <input type="checkbox"/> Zinc <input type="checkbox"/> Iron	20. Examination of Canned Food <input type="checkbox"/> Commercial Sterility Test [Comprising Incubation Test at 35 & 55°C] <input type="checkbox"/> Test for anaerobic bacteria <input type="checkbox"/> Test for aerobic bacteria
7. Micro Nutrients <input type="checkbox"/> Calcium <input type="checkbox"/> Potassium <input type="checkbox"/> Magnesium <input type="checkbox"/> Sodium	21. GMO Tests <input type="checkbox"/> Screening Test for GMO <input type="checkbox"/> Qualitative confirmation of GMO <input type="checkbox"/> Quantitative confirmation of GMO
8. <input type="checkbox"/> Radioactive Atomic Fallouts	22. Other Tests <input type="checkbox"/> Amino Acid: One Amino Acid <input type="checkbox"/> Amino Acid: Two to 17 Amino Acids <input type="checkbox"/> Cholesterol <input type="checkbox"/> Fatty Acids <input type="checkbox"/> PH <input type="checkbox"/> Energy <input type="checkbox"/> Dioxins <input type="checkbox"/> PCBs <input type="checkbox"/> Chloropropanols <input type="checkbox"/> Phthalates <input type="checkbox"/> _____ <input type="checkbox"/> _____
9. Pesticide Residues <input type="checkbox"/> OCs <input type="checkbox"/> Carbamates <input type="checkbox"/> OPs <input type="checkbox"/> Pyrethroids <input type="checkbox"/> Dithiocarbamates <input type="checkbox"/> Melamine	23. Other Services <input type="checkbox"/> Additional Copy of Laboratory Report <input type="checkbox"/> Certified True Copy of Laboratory Report
10. Drug Residues <input type="checkbox"/> Antibiotics [penicillins, tetracyclines, aminoglycosides] <input type="checkbox"/> Macrolides <input type="checkbox"/> Fluoroquinolones <input type="checkbox"/> Beta-agonist <input type="checkbox"/> Sulpha drugs <input type="checkbox"/> Chloramphenicol <input type="checkbox"/> Oxolinic acid <input type="checkbox"/> Nitrofurans	24. <input type="checkbox"/> Technical Fee (Total Hrs _____)
11. <input type="checkbox"/> Physical Examination	25. <input type="checkbox"/> Professional Service Fee (Total Hrs _____)
12. Authentication Test <input type="checkbox"/> Species Identification <input type="checkbox"/> Meat Species Identification by polymerase chain reaction (PCR) <input type="checkbox"/> Sharkfin Authentication <input type="checkbox"/> Freeze-thaw Test <input type="checkbox"/> Authentication Test of edible bird's nest by gas chromatography <input type="checkbox"/> Authenticity Test of Nostoc (facai)	
13. Foodborne Toxins <input type="checkbox"/> Staph enterotoxin <input type="checkbox"/> Toxin detection using laboratory animals <input type="checkbox"/> Aflatoxins B&G <input type="checkbox"/> Ochratoxin A <input type="checkbox"/> Aflatoxins M ₁ <input type="checkbox"/> Zearalenone	
14. <input type="checkbox"/> Parasites	