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**Staff only**

Entry No: .

Date: time: .

Sample code: .

**Result release date**: .

FDD Request No. ​ Date .

Ministry of Health

National Center of Food and Drug Analysis

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E-mail: fdqcclaos@gmail.com

**​ Request for Testing/ Submission of**

**Food & Drinks Samples**

|  |
| --- |
| **Information below is filled by customer** |
| 1. **Owner’s name** .

V. D. P. Tel: Fax: E-mail:  | 1. **Owner’s name** .

V. D. P. Tel: Fax: E-mail:  |
| 1. **Test Purposes​:** [ ]  Registration [ ]  Quality [ ]  Export

[ ]  Others​ . 1. **Payment** [ ]  cash [ ]  Cheque [ ]  Wire transfer
 | 1. **Test Purposes​:** [ ]  Registration [ ]  Quality [ ]  Export

[ ]  Others​ . 1. **Payment** [ ]  cash [ ]  Cheque [ ]  Wire transfer
 |
| **Details of Sample** |
| 1. **Name of sample**: Net content:​ Qty:​ sent to FM Lab FC Lab.

Lot No Reg. No Mfg. Date Exp. Date Date of sampling Source of sampling  |
| 1. **Label**: [ ]  Original [ ]  Copied

[ ]  Written by sampler [ ]  None1. **Temp. of sample received** [ ]  Frozen

 [ ]  Room temperature [ ]  ​ Chilled (<10oC)  | 1. **Sample was sent** [ ]  on-site [ ]  via FDD [ ]  via transportation services​ (bus, air, train) [ ]  Others
2. **Return of sample or container after testing**

 [ ]  No return [ ]  Return of sample [ ]  Return of Container |
| 1. **Test parameters: Microbiology** [ ]  Total bacteria [ ]  ​ E​. coli [ ]  Coliform [ ]  Salmonella [ ]  ​Staphylococcus aureus [ ]  Bacillus cereu

 [ ]  Yeast and Mold [ ]  Others (specify)  |
| **Chemecals:** [ ]  Heavy metals : Al, Sb, As, Be, Cd, Cr, Co, Cu, Fe, Pb, Mn, Mo, Ni, Se, Tl, Th, U, V, Zn, Au, Bi, Ge, In, Li6, Sc, Tb, Y (ICP-MS/AAS) [ ]  Hg (Mercury Analyzer) [ ]  Cyanide (CN-) (Color test) [ ]  Others (specify) . [ ]  Fluoride (F meter) [ ]  K [ ]  Na [ ]  Chloride (Cl-) (Titration, Potentio) [ ]  Nitrate, Nitrite (UV-Spectrophotometer) [ ]  Sulfate (Titration) [ ]  Phosphate  |
| [ ]  pH [ ]  Ash (Furnace) [ ]  Moisture (Oven) [ ]  Cafein[ ]  Protein (Kejhdal) [ ]  Total Fat and Oil (Soxtec) **Pesticide residues:** [ ]  Organochlorine (18 compounds) GC/ECD [ ]  Organophosphorous (4 Compounds) GC/FID [ ]  Synthetic pyrythroid (08 compounds) GC/ECD [ ]  Carbamate (09 compounds) (HPLC-Post column)**Aflatoxin:** [ ]  B1,B2,G1,G2 (HPLC-Post column)  | [ ]  Alcohol Degree (alcoholmeter) [ ]  Methanol (Titrate, GC/FD)[ ]  Furfural (Titrate) [ ]  Total sugar (Brix) [ ]  Saccharine (UV, Titrate) [ ]  Benzoate (UV Spectrophotometer) [ ]  Borax (UV Spectrophotometer) [ ]  Food color (UV Spectrophotometer) [ ]  Formalin (Test kit, UV) [ ]  Sodium Chloride (NaCl) (Potentio)  [ ]  Iodine (WYD, Titration) [ ]  Sodium Hydroxide (NaOH) (Titration) [ ]  Sodium Hydrosulfite (Test kit)[ ]  Others (specify) . |
| **Information below is filled by NCFDA staff** |
| 1. **Test parameters:** [ ]  tested regularly (go to No. 14) [ ]  **never tested before** (**submit to the laboratory**)
2. **Information in the request and label is** [ ]  similar [ ]  different **Qty of samples**  [ ]  sufficient [ ]  insufficient, required more
3. **Status of sample received** [ ]  normal [ ]  abnormal (specify)
4. **Packaging**: [ ]  Original [ ]  repacked [ ]  Others (specify)

**Documents attached:** [ ]  not available [ ]  available (specify)  |
| **Information below is reviewed by the laboratory** |
| 1. **Test parameters** [ ]  accept all [ ]  accept some [ ]  unacceptable

[ ]  some will be tested by external labs 1. **Analyst readiness and competence:**  [ ]  ready [ ]  not ready
2. **Equipment:** [ ]  ready [ ]  not ready
3. **Chemicals & Reference standards:** [ ]  available [ ]  unavailable
4. **Environmental conditions:**  [ ]  suitable [ ]  not suitable
 | 1. **Conclusion***:* [ ]  accept [ ]  accept but required: [ ]  chemicals

[ ]  Reference standards [ ]  Others Unacceptable due to: [ ]  no chemical [ ]  no reference standards [ ]  no equipment [ ]  Others **Chief of Lab.** |

**Sample Received by Sample submitted by**

***Customer contact information (where further information is required)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date**  | **Recorded by**  | **Details**  | **Contact person** | **Status**  |
|  |  |  |  |  |
|  |  |  |  |  |