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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  None   1. **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** |
|  |  |  |  |  |
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