

Q LABORATORIES
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Company Name: _____

Address: _____

Phone: _____

Fax: _____

Mobile# _____

Email: _____

Contact: _____

Job Title: _____

Microbiological Challenge Study Request for Proposal

Microorganisms for Challenge Study -specify reference numbers, if known- (ATCC, NCTC, other):^a

Test Time Points: _____

Storage Temperature(s): _____ °C

Additional Testing requested at each time point^b

APC Yeast/Mold Lactic Acid Bacteria pH

Product Identification and Description(s)

Identification	Description	pH and Aw (if known)

^a A Minimum of 50 mL/g of test product is required per sample

^b Additional Testing is conducted on an uninoculated control sample