



**Agri-Food & Veterinary Authority of Singapore**  
 Veterinary Public Health Services  
 10 Perahu Road, Singapore 718837  
 Tel : (65) 67952822, 67952829 Fax: (65) 68619491

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 :  Nets  Cheque/Bank Draft  Giro  Others \_\_\_\_\_

**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

<p>1. <input type="checkbox"/> <b>Total Meat Content</b>                      [Comprising Moisture, Ash, Crude Fat and Crude Protein]</p> <p>2. <b>Proximate Analysis</b>  <input type="checkbox"/> Ash <input type="checkbox"/> Crude Protein  <input type="checkbox"/> Moisture <input type="checkbox"/> Crude Fat  <input type="checkbox"/> Crude Fibre</p> <p>3. <b>Rancidity Tests</b>  <input type="checkbox"/> Peroxide Value  <input type="checkbox"/> FFA <input type="checkbox"/> TBA</p> <p>4. <b>Freshness Tests</b>  <input type="checkbox"/> TVN <input type="checkbox"/> TMA  <input type="checkbox"/> Indole <input type="checkbox"/> Histamine</p> <p>5. <b>Additives/Preservatives</b>  <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"/> Polyphosphate <input type="checkbox"/> Parabens  <input type="checkbox"/> Parabens                      [Comprising Methyl-para-hydroxybenzoate,                      Propyl-para-hydroxybenzoate, Ethyl-para-hydroxybenzoate,                      Butyl-para-hydroxybenzoate]</p> <p>6. <b>Heavy Metals</b>  <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</p> <p>7. <b>Micro Nutrients</b>  <input type="checkbox"/> Calcium <input type="checkbox"/> Potassium  <input type="checkbox"/> Magnesium <input type="checkbox"/> Sodium</p> <p>8. <input type="checkbox"/> <b>Radioactive Atomic Fallouts</b></p> <p>9. <b>Pesticide Residues</b>  <input type="checkbox"/> OCs <input type="checkbox"/> Carbamates  <input type="checkbox"/> OPs <input type="checkbox"/> Pyrethroids  <input type="checkbox"/> Dithiocarbamates</p> <p>10. <b>Drug Residues</b>  <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</p> <p>11. <input type="checkbox"/> <b>Physical Examination</b></p> <p>12. <b>Authentication Test</b>  <input type="checkbox"/> Species Identification  <input type="checkbox"/> Meat Species Identification by polymerase chain reaction (PCR)  <input type="checkbox"/> Sharkskin 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)</p> <p>13. <b>Foodborne Toxins</b>  <input type="checkbox"/> Staph enterotoxin  <input type="checkbox"/> Toxin detection using laboratory animals  <input type="checkbox"/> Aflatoxins B&amp;G  <input type="checkbox"/> Aflatoxins M<sub>1</sub></p> <p>14. <input type="checkbox"/> <b>Parasites</b></p>	<p>15. <input type="checkbox"/> <b>Bacteriological Tests</b>                      [Comprising TPC, E.coli or Coliform count, Staph aureus count, detection of Salmonella, Shigella and Vibrio cholera]</p> <p>16. <b>Enumeration</b>  <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</p> <p>17. <b>Detection for Pathogens</b>  <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"/> Clostridium perfringens  <input type="checkbox"/> Campylobacter  <input type="checkbox"/> Bacillus</p> <p>18. <b>Detection for Enteric Viruses</b>  <input type="checkbox"/> Norovirus  <input type="checkbox"/> Hepatitis A virus</p> <p>19. <b>Bacterial/Mould Identification</b>  <input type="checkbox"/> Bacteria Identification  <input type="checkbox"/> Mould Identification  <input type="checkbox"/> Bacteria Characterization by Ribotyping</p> <p>20. <b>Examination of Canned Food</b>  <input type="checkbox"/> Commercial Sterility Test                      [Comprising Incubation Test at 35 &amp; 55°C]  <input type="checkbox"/> Test for anaerobic bacteria  <input type="checkbox"/> Test for aerobic bacteria</p> <p>21. <b>GMO Tests</b>  <input type="checkbox"/> Screening Test for GMO  <input type="checkbox"/> Qualitative confirmation of GMO  <input type="checkbox"/> Quantitative confirmation of GMO</p> <p>22. <b>Other Tests</b>  <input type="checkbox"/> Ascorbic Acid  <input type="checkbox"/> Amino Acid: One Amino Acid  <input type="checkbox"/> Amino Acid: Two to 17 Amino Acids  <input type="checkbox"/> Vitamin A  <input type="checkbox"/> Cholesterol  <input type="checkbox"/> Fatty Acids  <input type="checkbox"/> PH  <input type="checkbox"/> Energy  <input type="checkbox"/> PCBs  <input type="checkbox"/> Chloropropanols  <input type="checkbox"/> _____  <input type="checkbox"/> _____  <input type="checkbox"/> _____</p> <p>23. <b>Other Services</b>  <input type="checkbox"/> Certified True Copy of Laboratory Report</p> <p>24. <input type="checkbox"/> <b>Technical Fee</b> ( Total Hrs _____ )</p> <p>25. <input type="checkbox"/> <b>Professional Service Fee</b> ( Total Hrs _____ )</p>
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