



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 EXPORT HEALTH CERTIFICATION [CODE 011]

(This form may take you 5 to 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

Source/Manufacturer : _____
 Address : _____ Postal Code _____
 Product Description : _____
 ** Species (Scientific Name): _____
 Brand : _____ Preferred Date of Inspection: _____
 Processing Date(s) : From _____ To _____ Processing/Freezing/Retort Temp (°C) _____
 Quantity To Be Exported : _____ x _____ x _____ Total Wgt: _____ KGM
 _____ x _____ x _____ Total Wgt: _____ KGM
 _____ x _____ x _____ Total Wgt: _____ KGM
 For Seafood Product Only : Catching Date(s) _____ Catching Area _____
 Cultured Ocean Caught

SHIPMENT/DESTINATION

Export Value (SGD\$): _____ Shipping Mark : _____
 Export Country(s) & Port(s) : _____

DECLARATION

I declare that the above information is correct.

 Signature / Company Stamp / Date

FOR OFFICIAL USE

Inspection Required Sampling Required
 Sampling Date : _____ Ref No : _____ No. of Samples : _____
 Sample(s) Weight : _____ Quantity Inspected : _____ Storage Temp (°C): _____
 Technical Fees : _____ Sample : * Sealed / Unsealed / Composite
 Observation Comments : _____

I have inspected the consignment and its related documents & found the information given above by the exporter to be correct.

 Name & Signature of Sampling Officer(s)

Lab Analysis Fees : _____ Receipt No : _____ Receipt Date: _____
 Total Fees : _____ Billing Officer : _____
 Invoice Amount : _____ Invoice No : _____ Invoice Date : _____

HC/LR No: _____ Date : _____

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 <input type="checkbox"/> Crude Fibre	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
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"/> Clostridium perfringens <input type="checkbox"/> Campylobacter <input type="checkbox"/> Bacillus
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"/> Polyphosphate <input type="checkbox"/> Parabens <input type="checkbox"/> Parabens [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"/> 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"/> _____
9. Pesticide Residues <input type="checkbox"/> OCs <input type="checkbox"/> Carbamates <input type="checkbox"/> OPs <input type="checkbox"/> Pyrethroids <input type="checkbox"/> Dithiocarbamates	23. Other Services <input type="checkbox"/> Additional Copy of Health Certificate/Laboratory Report <input type="checkbox"/> Certified True Copy of Health Certificate/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"/> 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 (fagai)	
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"/> Aflatoxins M ₁	
14. <input type="checkbox"/> Parasites	