

Company:	From : (Dato / Dr / Mr / Ms / Mdm)	
Address:	Tel No.:	Fax No.:
	E-mail:	Date :

Attn to MY CO2 Laboratory PIC : (Mr / Ms)

Sample description :

Sample Name / Marking :

Nutrition facts: M'sia <input type="checkbox"/> US <input type="checkbox"/> Australia <input type="checkbox"/> Singapore <input type="checkbox"/> China <input type="checkbox"/> Hong Kong <input type="checkbox"/> Taiwan <input type="checkbox"/> Colour Colouring <input type="checkbox"/> Anitibiotics / Drug : Chloramphenicol <input type="checkbox"/> Nitrofurans AOZ <input type="checkbox"/> Nitrofurans AMOZ <input type="checkbox"/> Nitrofurans SEM <input type="checkbox"/> Nitrofurans DHA <input type="checkbox"/> Oxy / Tetracycline <input type="checkbox"/> Beta agonists <input type="checkbox"/> Tylosin <input type="checkbox"/> Colistin Sulphate <input type="checkbox"/> Amoxicillin <input type="checkbox"/> Histamine <input type="checkbox"/> Fluroquinolones <input type="checkbox"/> Benzo(a)pyrene <input type="checkbox"/> Melamine <input type="checkbox"/> Gentamicin <input type="checkbox"/> Nutrient : Protein <input type="checkbox"/> Fat <input type="checkbox"/> Fibre <input type="checkbox"/> Moisture <input type="checkbox"/> Ash <input type="checkbox"/> Trans Fat <input type="checkbox"/> Monounsaturated F <input type="checkbox"/> Polyunsaturated F <input type="checkbox"/> Saturated Fat <input type="checkbox"/> EPA <input type="checkbox"/> DHA <input type="checkbox"/> Energy <input type="checkbox"/> Carbohydrate <input type="checkbox"/>	Heavy Metals: Arsenic <input type="checkbox"/> Mercury <input type="checkbox"/> Lead <input type="checkbox"/> Cadmium <input type="checkbox"/> Tin <input type="checkbox"/> Antimony <input type="checkbox"/> Copper <input type="checkbox"/> Zinc <input type="checkbox"/> Amino Acid <input type="checkbox"/> Sugars : Total sugars <input type="checkbox"/> Brix value <input type="checkbox"/> Sugar profile <input type="checkbox"/> Fructose <input type="checkbox"/> Glucose <input type="checkbox"/> Sucrose <input type="checkbox"/> Maltose <input type="checkbox"/> Maltotriose <input type="checkbox"/> Lactose <input type="checkbox"/> Toy : Part 1 <input type="checkbox"/> Part 2 <input type="checkbox"/> Part 3 <input type="checkbox"/> Part 7 <input type="checkbox"/> Edible Oil : FFA <input type="checkbox"/> IV <input type="checkbox"/> PV <input type="checkbox"/> Sap value <input type="checkbox"/> M & I <input type="checkbox"/> Slip melting p <input type="checkbox"/> Unsap value <input type="checkbox"/> Colour <input type="checkbox"/> Refractive index <input type="checkbox"/> DOBI <input type="checkbox"/> Flash Point <input type="checkbox"/> Cloud Point <input type="checkbox"/>	Minerals: Sodium <input type="checkbox"/> Potassium <input type="checkbox"/> Calcium <input type="checkbox"/> Magnesium <input type="checkbox"/> Iron <input type="checkbox"/> Zinc <input type="checkbox"/> Phosphorus <input type="checkbox"/> Iodine <input type="checkbox"/> Manganese <input type="checkbox"/> Sodium Chloride <input type="checkbox"/> Artificial sweetener : Saccharin <input type="checkbox"/> Cyclamate <input type="checkbox"/> Pesticides : Organochlorine <input type="checkbox"/> Organophosphorus <input type="checkbox"/> Water : MOH Drinking Water <input type="checkbox"/> 25 th Schedule <input type="checkbox"/> Waste Water : DOE std 5 <input type="checkbox"/> DOE std 32 <input type="checkbox"/> DOE std 23 <input type="checkbox"/> Fertilizer : Nitrogen <input type="checkbox"/> Phosphorus <input type="checkbox"/> Potassium <input type="checkbox"/> pH <input type="checkbox"/> Humic Acid <input type="checkbox"/> MgO <input type="checkbox"/> CaO <input type="checkbox"/> Zinc <input type="checkbox"/> Copper <input type="checkbox"/> Silica <input type="checkbox"/> Moisture <input type="checkbox"/> Boron <input type="checkbox"/>	Preservatives: Benzoic acid <input type="checkbox"/> Sodium benzoate <input type="checkbox"/> Sorbic acid <input type="checkbox"/> Potassium dioxide <input type="checkbox"/> Sulphur dioxide <input type="checkbox"/> Nitrate <input type="checkbox"/> Nitrite <input type="checkbox"/> Propionic acid <input type="checkbox"/> Boric Acid <input type="checkbox"/> Sodium Nitrite <input type="checkbox"/> Dyes : Sudan I <input type="checkbox"/> Sudan II <input type="checkbox"/> Sudan III <input type="checkbox"/> Sudan IV <input type="checkbox"/> Para Red <input type="checkbox"/> R2G <input type="checkbox"/> Malachite Green <input type="checkbox"/> Toxin : Aflatoxin <input type="checkbox"/> T2 Toxin <input type="checkbox"/> DON <input type="checkbox"/> Fumonisin <input type="checkbox"/> Ochratoxin <input type="checkbox"/> Zearalenone <input type="checkbox"/> Other : _____ _____ _____ _____ _____	Vitamins: A <input type="checkbox"/> K <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> B3 <input type="checkbox"/> B5 <input type="checkbox"/> B6 <input type="checkbox"/> B12 <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Microbiology : TPC <input type="checkbox"/> Coliform <input type="checkbox"/> E-coli <input type="checkbox"/> Yeast & mould <input type="checkbox"/> Staph. aureus <input type="checkbox"/> Salmonella <input type="checkbox"/> P. aeruginosa <input type="checkbox"/> Bacillus cereus <input type="checkbox"/> C. perfringens <input type="checkbox"/> V. cholerae <input type="checkbox"/> V. parahaemolyticus <input type="checkbox"/> Enterobacteriaceae <input type="checkbox"/> Listeria <input type="checkbox"/> Legionellaceae <input type="checkbox"/> Thermophilic bacteria <input type="checkbox"/>
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PO No.:	Quotation No.:	Remarks :
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Other specific instruction / request : <input type="checkbox"/> Composite sample *** <input type="checkbox"/> COA collect by Hand <input type="checkbox"/> COA include photo <input type="checkbox"/> COA Mfg/Exp date <input type="checkbox"/> Invoice include PO no. <input type="checkbox"/> Start analysis date on (F1) _____ (F2) _____ (F3) _____ <input type="checkbox"/> Retest Sample <input type="checkbox"/> <input type="checkbox"/> Invoice / COA to : _____ _____ _____	<input type="checkbox"/> Email/Fax result first <input type="checkbox"/> COA send by Hand / Normal Post / Courier <input type="checkbox"/> COA colour print <input type="checkbox"/> Return the sample <input type="checkbox"/> Result calculate in _____ (eg: g / ppm / %w/w) <input type="checkbox"/> Call me when result ready	<input type="checkbox"/> Scan me result <input type="checkbox"/> COA additional () copies <input type="checkbox"/> Return bottle / container / icebox _____ _____ _____ _____ _____
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NOTE : All special request subject to the additional charges, you may email your request to enquiry@myco2.com.my *** DENOTE SUBJECT APPROVAL

Signature and Chop / IC No.

FOR MY CO2 OFFICE USED ONLY

Sample Received Date :	Sample Condition : Fine / Not Fine	Authorized Signature :
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