

Cornell Food Microbiology Lab Department of Food Science

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Micro Testing Request Form

Please email acv45@cornell.edu & sjl38@cornell.edu with method and date shipped to ensure proper storage conditions

| Company Name: |
|---|
| Company Address: |
| Company City, State, & Zip: |
| Company Phone Number/Email: |
| Company Billing Address (if different than above): |
| Company Billing City, State, & Zip: |
| Contact Person: |
| Contact Phone Number/Email: |
| Product: |
| Product Storage Condition: |
| Testing Requested: |
| ☐ Shelf-life Study; if checked than Length of Study being requested: |
| Temperature required: |
| Accelerated Shelf-life study; if checked than Length of Study being requested: |
| Temperature required: |
| ☐ Total Aerobic Plate Count |
| ☐ Yeast & Mold |
| Other (please describe): |
| Do you intend to get a scheduled process given shelf life study results? Yes No |
| If yes, please make sure you register with the Cornell Food Venture Center by contacting them at 315-787-2273 or CFVC@cornell.edu . |
| **Please allow for the completion of the studies before inquiring on the status of your analyses. |

Preliminary reports will be subject to additional charges (\$55/phone consultation or email).

**THIS FORM MUST ACCOMPANY EACH AND EVERY PRODUCT

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