

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