						Page	of								
	Samp	1. REPORT TO:				2. INVOICE TO:				3. PO i	#				
	10200 Eas					Company:				4. Quote ID:					
	Houston, TX 77029			Address:				Address:				5. Turnaround Time			
FOOD TESTING	713-453-6	060											35 Days		
Food Testing Division				Contact:				Contact:							
Food Testing Division ISO/IEC 17025:2017	info@ablabs.com			Phone:				Phone:				Food: Finished Product Part II: Dr Wagner Shelf Life Test			
				Email:				Email:				-	-		
A&B FOOD TESTING JOB ID					Email: Al.Wagner@ag.tamu.edu								Credit Card Authorization Submitted		
6. Project Name / Location													Yes/ No		
7. Reporting Requirement: COA Standard				Include QC				Shelf-stable acid an				nd acid	nd acidified foods only		
8. Sampler's Name/Company /Signature/Date :								One container of each product & Paymer				nt has been submitted to Dr Wagner: Yes/ No			
9. Product Name Lot/Batch Number	10. Lab Use Only	11. Sampling Date/Time	12. Matrix Food	13. No. of Containers	pH at 25°C for 30 days	Aerobic Plate Count at 25°C for 30 days	Lactic Acid Bacteria at 25°C for 30 days	Yeast & Mold at 25°C for 30 days	pH at 35°C for 30 days	Aerobic Plate Count at 35°C for 30 days	Lactic Acid Bacteria at 35°C for 30 days	Yeast & Mold at 35°C for 30 days	R	emarks	
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19. RELINQUISHED BY DATE TIME 1) Image: state st			20. RECEIVED BY					DATE	TIME	KNOW	N HAZA	ARDS / COM	IMENTS:		
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,															
3)				21.RECEIVED BY LABORATOR				₹Y			1				
Methods will be selected bas	sed on the (L Quote If C	_L Juote ID is r	L ot refere	enced A	&B Foor	d Testinc	ı will sele	ct appror	L priate me	thod bas	sed	Temperatur	re.	
on information submitted an										Intact? □Y □N					
							МЕТНС	HOD OF SHIPMENT				Initials			
A&B CANNOT ACCEPT VERBAL CHANGES. PLEASE EMAIL CHANGES TO YOUR PROJE												s will be disposed of after 15 days. A&B			
CANCELLATION POLICY: N					serves the right to return samples.										