



Midwest Laboratories, Inc.
 13611 B Street, Omaha, NE 68144
 402-334-7770

FOOD ALLERGEN SAMPLE SUBMITTAL FORM

Account Number/ Company Name:

Purchase Order:

REPORT & BILL TO	
Name:	
Address:	
City/State:	ZIP:
Phone:	FAX:
Email:	

IDENTIFICATION
Client Name:
Sample ID:
Sample Date:
Sample Time:

COPY TO
Name:
Address:
ZIP:
Email:

SAMPLE INFORMATION (TO BE COMPLETE BY CLIENT)		CHECK ALLERGENS FOR WHICH SAMPLES ARE TO BE TESTED																	
Date	Sample Description (100g sample required)	Macadamia	Peanut	Lupine	Mustard	Sesame	Crustacean	Milk	Soy	Egg	Gliadin (Gluten)	Almond	Walnut	Pecan	Hazelnut	Fish	Coconut	Comments	

***Please contact Midwest Labs if you are in need of allergen swabs. These will be prepared for your event and shipped out as needed.**

Note: Please phone to discuss and schedule analysis prior to shipping. This is particularly important for samples that are hydrolyzed or fermented.

***Clearly mark the outside of your box with "Food Allergen Testing" to ensure that your sample is opened in a sterile environment.**