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Request Form
 Abattoir Samples

NATA Accredited Laboratory

Referring Authority for Report	
QA Manager Ararat Abattoirs Nott Road ARARAT VIC 3377	Phone: Fax:

Cc: AQIS On Plant Supervisor Ararat Abattoirs Nott Road ARARAT VIC 3377
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MDU USE ONLY Date received:..... Esky temperature:

Date Specimen Collected:

Specimen Type: **Swab**
 Area Swabbed: **75cm² / _____ Other (Please State)**
 Test requested: **E.coli petrifilm**

MDU No.	Product Number	Carcass Type (eg. Ovine OR Lamb)	Slaughter Date

MDU USE ONLY

Name of submitting person: _____ Signature: _____
 Organisation: **Ararat Abattoirs** Date: ____/____/____