



Versuchsanstalt der Hefeindustrie e.V.
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Customer/company stamp:	different billing address, if applicable:
Analysis instructed by: _____ Date/ signature _____	
Sample type:	
Sample name:	
Date of sampling:	
Packaging:	Refrigeration needed: <input type="checkbox"/> yes <input type="checkbox"/> no
Sample quantity:	
Analytes:	
<input type="checkbox"/> Wild yeasts	<input type="checkbox"/> Yeast type according API20 Aux
<input type="checkbox"/> Total bacterial germination count	
<input type="checkbox"/> Milk mould (geotrich.cand.) <input type="checkbox"/> Moulds	
<input type="checkbox"/> Total Coliforms	
<input type="checkbox"/> Escherichia coli	
<input type="checkbox"/> Salmonella	
<input type="checkbox"/> Listeria <input type="checkbox"/> Lysteria monocytogenes	
<input type="checkbox"/> staphylococci <input type="checkbox"/> Staph.aureus	
<input type="checkbox"/> Bacillus cereus	
<input type="checkbox"/> Pseudomonas	
<input type="checkbox"/> Lactobacilli	
<input type="checkbox"/> Legionella	