



# Check Sample and Proficiency Testing Service

## AACC International

3340 Pilot Knob Road, St. Paul, Minnesota, 55121-2097, USA

Phone: +1.651.454.7250 • Fax: +1.651.454.0766

E-mail: [checksample@scisoc.org](mailto:checksample@scisoc.org) • AACCnet: [www.aaccnet.org/checksample](http://www.aaccnet.org/checksample)

### BIMONTHLY SAMPLE FOR MICROBIOLOGICAL TESTING

Instructions for completing worksheet:

**No. MBB -**

Or enter your results on-line at  
[www.aaccnet.org/checksample](http://www.aaccnet.org/checksample)

1. Please type or print *clearly* and submit the results by fax or mail to the above address.
2. Results to be received no later than:
3. If there is a change in the contact person's name or address, please write a note to this affect in the left hand margin below, beside name or address, otherwise *no change* in name or address will be made.

**SUBSCRIBER NUMBER:**  **(MUST BE PROVIDED)**

Contact Person Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Zip or Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date sample received in your laboratory:

			<u>Results</u>	<u>Method Code</u> (see below)
Yeasts, cfu/g		Sample A	_____	_____
		Sample B	_____	_____
Molds, cfu/g		Sample A	_____	_____
		Sample B	_____	_____
Aerobic plate count, cfu/g	*	Sample A	_____	_____
		Sample B	_____	_____
Coliforms, cfu/g	*	Sample A	_____	_____
		Sample B	_____	_____
E. coli, cfu/g	*	Sample A	_____	_____
		Sample B	_____	_____

\*Required value for Proficiency Testing Certificate and Analytical Accuracy Awards eligibility

#### Methods Coding – Microbiological Testing, Series MBB

<u>Yeasts and Molds</u>	<u>APC</u>	<u>Coliforms/ E. coli</u>	<u>Kits by co. and/or brand name</u>
F1 AACC 42-50	G1 AACC 42-11	H1 AACC 42-15	I1 Gene-Trak Systems/Gene Trak
F2 AOAC 894.29	G2 AOAC 966.23	H2 AOAC 991.14	I2 3M Co./PetriFilm
F3 7 BAM 18	G3 AOAC 990.12	H3 AOAC 966.24	I3 QA Life Systems/Isogrid
F4 8 BAM 18	G4 AOAC 986.33	H4 AOAC 992.3	IX Kit by other than I1-3:
F5 MFHPB 22	G5 AOAC 988.18	H5 7 BAM 4	Name _____
F6 2 Compendium	G6 AOAC 999.12	H6 8 BAM 4	Note: This is a confidential service.
F7 3 Compendium	G7 7 BAM 3	H7 MFHPB 19	Data furnished on this form will be
F8 3M Co./PetriFilm	G8 8 BAM 3	H8 2 Compendium	disclosed only to you and other
FX None of the above	G9 MFHPB 18	H9 3 Compendium	subscribers by confidential subscriber
	GW 2 Compendium	HX None of the above except	number and only with those of other
	GX 3M Co./PetriFilm	kits	subscribers, also identified only by
	GY QA Life Systems/Isogrid		confidential subscriber number, for
	GZ None of the above		comparison purposes.