



**MPB QUALITY ASSURANCE SECTION
(MALAYSIAN PEPPER BOARD)
REQUEST FOR ANALYSIS**

L 20 Form

A) SAMPLE PARTICULARS	B) TESTING PARAMETER				
<p>1. Sample Code: :</p> <p>2. Date Of Sampling :</p> <p>3. Sample Description</p> <p><input type="checkbox"/> Black Pepper</p> <p><input type="checkbox"/> White Pepper</p> <p><input type="checkbox"/> Whole</p> <p><input type="checkbox"/> Ground/Cracked</p> <p><input type="checkbox"/> MIKROKLEEN</p> <p><input type="checkbox"/> CWP</p> <p><input type="checkbox"/> SMB NO 1</p> <p><input type="checkbox"/> Raw Material</p> <p><input type="checkbox"/> Light Pepper</p> <p><input type="checkbox"/> Monitoring</p> <p>Destination : _____</p> <p>Requirement: 1. Complete duplicate L20 form 2. Sample packaging clear and clean. 3. Seal with clear labelling</p>	<p>1. MACRO # Min Weight (g)/Sample : 650-800g</p> <p>i) Test Report No. : _____</p> <p>ii) No. Of Sample : _____</p> <p>ii) Total sample Weight (kg) : _____</p> <p><input type="checkbox"/> Moisture (by FT-NIR)** <small>In-house method</small></p> <p><input type="checkbox"/> Extraneous Matter* <small>MS 81 : PART 1: 1993</small></p> <p><input type="checkbox"/> Light Berries* <small>MS 234:2005 Annex A</small></p> <p><input type="checkbox"/> Black Berries* <small>MS 234:2005 Annex B</small></p> <p><input type="checkbox"/> Mouldy Berries/Insect Defiled / Infested Berries <small>In-house method</small></p> <p><input type="checkbox"/> Bulk Density <small>ISO 959-1:1989(E)</small></p> <p><input type="checkbox"/> Berries Size <small>In-house method</small></p>	<p>2. MICRO # Min composite(g)/Sample: 225g</p> <p>i) Test Report No. : _____</p> <p>ii) No. Of Sample : _____</p> <p><input type="checkbox"/> Aerobic Plate Count** <small>US/FDA BAM 8th Edition Chap.3</small></p> <p><input type="checkbox"/> <i>Salmonella</i>** <small>US/FDA BAM 8th Edition Chap.5</small></p> <p><input type="checkbox"/> Total Coliform Count** <small>US/FDA BAM 8th Edition Chap.4</small></p> <p><input type="checkbox"/> Moulds and Yeasts** <small>US/FDA BAM 8th Edition Chap.18</small></p> <p><input type="checkbox"/> <i>E. coli</i> Count** <small>US/FDA BAM 8th Edition Chap.4</small></p> <p><input type="checkbox"/> Others(please specify) :</p>	<p>3. INTRINSIC CHEMICAL # Min Weight (g)/Sample : 150g</p> <p>i) Test Report No. : _____</p> <p>ii) No. Of Sample : _____</p> <p>Please choose suitable method as below.</p> <p>FT-NIR Method <input type="checkbox"/></p> <p>Conventional Method <input type="checkbox"/></p> <p><input type="checkbox"/> Moisture <small>FT-NIR / ASTA 2.0</small></p> <p><input type="checkbox"/> Total Ash <small>FT-NIR / MS 81 : PART 2 : 1993</small></p> <p><input type="checkbox"/> Volatile Oil <small>FT-NIR / ASTA 5.0</small></p> <p><input type="checkbox"/> Acid Insoluble Ash <small>FT-NIR / MS 81 : PART 3 : 1993</small></p> <p><input type="checkbox"/> Piperine <small>FT-NIR / ISO 5564-1982(E)</small></p> <p><input type="checkbox"/> Non-Volatile Ether Extract <small>FT-NIR / MS 81 : PART 8 : 1993</small></p> <p><input type="checkbox"/> Particle Size(Sieve Details,mm/um) <small>ISO 959-1:1989(E)</small></p> <p>_____</p>	<p>4. EXTRINSIC CHEMICAL</p> <p><u>Pesticide Residues</u> # Min Weigh(g)/Sample: 30g</p> <p>i) Test Report No. : _____</p> <p>ii) No. Of Sample : _____</p> <p><input type="checkbox"/> Organophosphorus (OP) <small>In-house method</small></p> <p><input type="checkbox"/> Pyrethroid (PY) <small>In-house method</small></p> <p><input type="checkbox"/> Carbamate <small>In-house method</small></p> <p><u>Mycotoxins</u> # Min Weigh(g)/Sample: 25g</p> <p>i) Test Report No. : _____</p> <p>ii) No. Of Sample : _____</p> <p><input type="checkbox"/> Aflatoxins <small>ASTA 24.0</small></p> <p><input type="checkbox"/> Ochratoxin A <small>In-house method</small></p> <p><u>Heavy Metal</u> # Min Weigh(g)/Sample: 10g</p> <p>i) Test Report No. : _____</p> <p>ii) No. Of Sample : _____</p> <p><input type="checkbox"/> Elemental Analysis <small>In-house method</small></p>	
<p>(Please choose (✓) lab for sample to be analyse)</p> <p>MPB Central Testing Lab. <input type="checkbox"/></p> <p>MPB Regional Testing Lab. <input type="checkbox"/></p> <p>MPB Sibiu Testing Lab. <input type="checkbox"/></p>	<p>Notes: * Denotes tests included in the scope of SAMM (MS ISO/IEC 17025:2005) at all MPB laboratories;</p> <p>** Denotes tests included in the scope of SAMM (MS ISO/IEC 17025:2005) at MPB Central Testing Laboratory Only;</p> <p>Tests not within individual laboratory capacity to undertake shall be sub-contracted to other MPB Testing Laboratories;</p> <p>MPB laboratories shall not be liable to the sampling procedure and plan applied by the customers.</p>			<p align="center">Requested By</p> <p align="center">_____ <small>Signature & Stamp</small></p> <p align="center">Date & Time</p>	<p align="center">Accepted / Rejected By</p> <p align="center">_____ <small>Signature & Stamp</small></p> <p align="center">Date & Time</p>