

## Request for Laboratory Services – Food Exam

<input type="checkbox"/> Check here if Sample Tracking in Lab is needed for Chain of Custody					
<b>Local Public Health Lab/Submitter:</b>		<b>Submitter Address:</b>		<b>Submitter Lab ID No.</b>	
<b>Test Request Enteric:</b> <input type="checkbox"/> Campylobacter <input type="checkbox"/> Coliforms <input type="checkbox"/> Ecoli 0157:H7 <input type="checkbox"/> Other Ecoli <input type="checkbox"/> Salmonella <input type="checkbox"/> Shigella <input type="checkbox"/> _____		<b>Test Request Non Enteric:</b> <input type="checkbox"/> Plate count Aerobic & Anaerobic <input type="checkbox"/> B cereus <input type="checkbox"/> C botulinum <input type="checkbox"/> C perfringens <input type="checkbox"/> Listeria <input type="checkbox"/> S aureus <input type="checkbox"/> Vibrio <input type="checkbox"/> _____		<b>Reason for Test Request:</b> <input type="checkbox"/> FERN activation/surge support <input type="checkbox"/> Food or Food Ingredient from Outbreak <input type="checkbox"/> Food Prep/Process Environment <input type="checkbox"/> Similar Food Preparation to Outbreak Item <input type="checkbox"/> _____	
<i>Complete this Section if a Patient Illness was Connected to this Food</i>					
<b>Patient First, Middle, &amp; Last Name:</b>			<b>Birthdate:</b>	<b>Medical Record No.</b>	<b>Date of Illness Onset:</b>
<i>Sample Collection Information</i>					
<b>Date:</b> <b>Time:</b>		<b>Collection Point Name &amp; Address:</b>		<b>Collection Point Activity:</b> <input type="checkbox"/> Restaurant <input type="checkbox"/> Manufacturer/Distributor <input type="checkbox"/> Retail <input type="checkbox"/> Home <input type="checkbox"/> Other	
<b>Collector Phone:</b>		<b>Collector Name:</b>			
<b>Commercial Food Item:</b>				<b>Manufacturer/Distributor Name and Address:</b>	
<b>Brand:</b>		<b>Container Size:</b>			
<b>Lot/Code:</b>		<b>Expiry/Pull Date:</b>			
<b>Restaurant, Deli, Caterer, Home Food Item:</b>			<b>Date Prepared:</b>	<b>Approximate Sample size:</b>	
				<b>Container:</b>	
				<b>Other:</b>	
<b>Notes:</b>					

<b>For Laboratory Use Only</b>			EMDS #		
<b>Shipped date:</b> [                      ]		<b>Unpacked by</b>	<b>Received Date &amp; Time</b>		<b>Temperature on lab arrival</b> <input type="checkbox"/> Warm <input type="checkbox"/> Cold <input type="checkbox"/> Frozen
<input type="checkbox"/> DHL <input type="checkbox"/> UPS <input type="checkbox"/> FedX <input type="checkbox"/> Hand <input type="checkbox"/> USPS <input type="checkbox"/> GoldenState <input type="checkbox"/> Other					
<b>Condition on arrival:</b> <input type="checkbox"/> Adequate <input type="checkbox"/> Delayed transit time <input type="checkbox"/> Integrity compromised <input type="checkbox"/> Leaked in transit <input type="checkbox"/> Quantity not sufficient <input type="checkbox"/> Spoiled <input type="checkbox"/> Inadequate temperature control <input type="checkbox"/> Other _____					
<input type="checkbox"/> Sample was not tested <input type="checkbox"/> Submitter contacted for replacement sample					
<b>Notes:</b>					

Lab-N-809.food 070213rb