



FOOD ANALYSIS REQUEST FORM

ESTABLISHMENT INFORMATION				
EST. NAME				
ADDRESS				
EST. #	<input type="checkbox"/> STATE PLANT <input type="checkbox"/> FEDERAL PLANT			
PHONE #	FAX #			
EMAIL	SEND RESULTS BY <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL <input type="checkbox"/> FAX			
SAMPLE/PRODUCT INFORMATION				
SAMPLE ID	SAMPLE TYPE			
DATE COLLECTED	<input type="checkbox"/> GROUND BEEF			
DATE PRODUCED	<input type="checkbox"/> BEEF TRIM			
SAMPLED BY (PRINT NAME)	<input type="checkbox"/> CARCASS SPONGE			
SIGNATURE	<input type="checkbox"/> ENVIRONMENTAL SPONGE			
	<input type="checkbox"/> READY-TO-EAT			
	<input type="checkbox"/> CARCASS RINSE			
	<input type="checkbox"/> RAW CHICKEN			
	<input type="checkbox"/> OTHER: _____			
ANALYSIS REQUESTED (Check all the following that apply)				
MICROBIOLOGY TEST OFFERED <input type="checkbox"/> LISTERIA MONOCYTOGENES PCR <input type="checkbox"/> SALMONELLA PCR <input type="checkbox"/> STEC PCR <input type="checkbox"/> CAMPYLOBACTER <input type="checkbox"/> GENERIC E. COLI <input type="checkbox"/> AEROBIC PLATE COUNT	CHEMISTRY TESTS OFFERED <input type="checkbox"/> PH <input type="checkbox"/> WATER ACTIVITY	REASON FOR TESTING <input type="checkbox"/> PROCESS TESTING <input type="checkbox"/> ROUTINE SURVEILLANCE <input type="checkbox"/> CONSUMER COMPLAINT <input type="checkbox"/> OTHER: _____		
		PCR TESTING ONLY <input type="checkbox"/> SCREEN TEST ONLY <input type="checkbox"/> SCREEN TEST W/ VERIFICATION* <small>*VERIFICATION ON PCR POSITIVE SAMPLES ONLY. ADDITIONAL FEES APPLY.</small>		
		LAB USE ONLY		
		ACCESSION #	MODE OF ARRIVAL	
		KIT #	<input type="checkbox"/> SHIPPED	
		DATE RECEIVED	<input type="checkbox"/> IN PERSON	
RECEIVED BY	<input type="checkbox"/> SAMPLE INTACT			
SAMPLE TEMPERATURE	<input type="checkbox"/> SAMPLE NOT INTACT			
	°C			
RESULTS <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> OTHER: _____	SHIPPING COST OF RETURNING COOLER			
TECHNICIAN	LIMS#			
DATE OUT				