



**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               | <b>SAMPLE TYPE</b><br><input type="checkbox"/> GROUND BEEF<br><input type="checkbox"/> BEEF TRIM<br><input type="checkbox"/> CARCASS SPONGE<br><input type="checkbox"/> ENVIRONMENTAL SPONGE<br><input type="checkbox"/> READY-TO-EAT<br><input type="checkbox"/> CARCASS RINSE<br><input type="checkbox"/> RAW CHICKEN<br><input type="checkbox"/> OTHER: _____ |
| DATE COLLECTED          |  |
| DATE PRODUCED           |  |
| SAMPLED BY (PRINT NAME) |  |
| SIGNATURE               |  |

**ANALYSIS REQUESTED** (Check all the following that apply)

|   |  |  |
|---|--|--|
| <b>MICROBIOLOGY TEST OFFERED</b><br><input type="checkbox"/> LISTERIA MONOCYTOGENES PCR<br><input type="checkbox"/> SALMONELLA PCR<br><input type="checkbox"/> STEC PCR<br><input type="checkbox"/> CAMPYLOBACTER<br><input type="checkbox"/> GENERIC E. COLI<br><input type="checkbox"/> AEROBIC PLATE COUNT | <b>CHEMISTRY TESTS OFFERED</b><br><input type="checkbox"/> PH<br><input type="checkbox"/> WATER ACTIVITY | <b>REASON FOR TESTING</b><br><input type="checkbox"/> PROCESS TESTING<br><input type="checkbox"/> ROUTINE SURVEILLANCE<br><input type="checkbox"/> CONSUMER COMPLAINT<br><input type="checkbox"/> OTHER: _____<br><br><b>PCR TESTING ONLY</b><br><input type="checkbox"/> SCREEN TEST ONLY<br><input type="checkbox"/> SCREEN TEST W/ VERIFICATION*<br><small>*VERIFICATION ON PCR POSITIVE SAMPLES ONLY. ADDITIONAL FEES APPLY.</small> |
|---|--|--|

**LAB USE ONLY**

|   |  |
|---|--|
| ACCESSION #   | <b>MODE OF ARRIVAL</b><br><input type="checkbox"/> SHIPPED<br><input type="checkbox"/> IN PERSON<br><input type="checkbox"/> SAMPLE INTACT<br><input type="checkbox"/> SAMPLE NOT INTACT |
| KIT #   |  |
| DATE RECEIVED   |  |
| RECEIVED BY   |  |
| SAMPLE TEMPERATURE _____ °C   |  |
| <b>RESULTS</b><br><input type="checkbox"/> POSITIVE<br><input type="checkbox"/> NEGATIVE<br><input type="checkbox"/> OTHER: _____ | SHIPPING COST OF RETURNING COOLER  |
| TECHNICIAN  | LIMS#  |
| DATE OUT  |  |