



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 SPECIES 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	SHIPPING COST OF RETURNING COOLER	
<input type="checkbox"/> POSITIVE		
<input type="checkbox"/> NEGATIVE		
<input type="checkbox"/> OTHER: _____		
TECHNICIAN	LIMS#	
DATE OUT		