

# Vermont Department of Health Laboratory – Environmental/Food Test Request Form

359 South Park Dr., Colchester, VT 05446 [Mailing: PO Box 1125, Burlington, VT 05402-1125]

1-800-660-9997 (VT only) or 1-802-338-4724

*A separate form is required for each sample. All samples must be labeled with type and date of collection.*

For Laboratory Use Only	LIMS #: _____
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Section 1. Submitter Information	Section 2. Source Information
Agency Name	Name of Manufacturer/Responsible Party/Processor/Distributor
Contact Name	Address
Address	City/Town <span style="float:right">State</span> <span style="float:right">Zip Code</span>
City/Town Code <span style="float:right">State</span> <span style="float:right">Zip</span>	Establishment ID/FDA FEI #
Telephone Number	Type of Establishment: <input type="checkbox"/> Private Residence <input type="checkbox"/> Restaurant <input type="checkbox"/> Commercial <input type="checkbox"/> Institution <input type="checkbox"/> Other:
Email	Purpose of Sampling: <input type="checkbox"/> Routine Surveillance <input type="checkbox"/> Compliance <input type="checkbox"/> Investigational <input type="checkbox"/> Regulatory
Collector Name	

### Section 3. Sample Information (Samples tested to AOAC, FDA BAM, USDA MLG methods as appropriate. It may take up to 10 days to receive final test results.)

Description of Product: <input type="checkbox"/> Original Packaging/container <input type="checkbox"/> Secondary Container			Sample ID #:
Amount/Quantity:	Date of Collection:	Time of Collection:	Product Code:
Lot Size:	Lot Number:	Date Code:	
Method of Collection:			
Location where Sample Collected:			
Additional Comments:			

### Section 4. Test Request

Bacterial Tests:	Bacterial Tests:
<input type="checkbox"/> Campylobacter	<input type="checkbox"/> Listeria monocytogenes
<input type="checkbox"/> E. coli 0157:H7	<input type="checkbox"/> Salmonella
<input type="checkbox"/> STEC (Shiga-Toxin Producing E. coli)	<input type="checkbox"/> Other:

### Section 5. Shipping

<input type="checkbox"/> Room Temperature (insulated container)
<input type="checkbox"/> Refrigerated (Frozen cold pack/insulated container)
<input type="checkbox"/> Frozen (Dry Ice/insulated container)

### Section 6. Chain of Custody – Date, Time or Transaction of Complaint from Field to Lab

Please sign and then print your name		Date	Time	How Stored?
From (Sign):	To (Sign):			
Print:	Print:			
From (Sign):	To (Sign):			
Print:	Print:			

### Section 7. For VDHL Use Only

Condition received in Lab:				
<input type="checkbox"/> On ice (refrig.)	<input type="checkbox"/> Frozen	<input type="checkbox"/> Room Temp.	Packaging Intact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Temperature of Sample: _____ Date: _____ Time: _____ Analyst: _____				

## Instructions for Filling out the Environmental/Food Test Request Form:

**Section 1. Submitter Information**-Complete the individual fields with information that pertains to who is submitting the sample and who/where the test results will be sent to. Be sure to include the name of the collector.

**Section 2. Source Information**-Complete the individual fields with information that pertains to the establishment where the product is collected.

**Establishment ID/FDA FEI#**-Enter the Establishment ID number for the plant or the FEI number, a 10-digit unique identifier, which is used to identify firms associated with FDA regulated products.

**Type of Establishment**-Check the appropriate type of establishment.

**Purpose of Sampling**-Check the appropriate purpose or type of sampling conducted.

**Section 3. Sample Information**-Complete the individual fields with information that pertains to the product itself. Please include as much information about the product as is required by your Agency to properly identify the product. Please note, VDHL will test to official published methods such as AOAC, FDA BAM, and USDA MLG as appropriate. Other testing can be performed upon request. Sample Result turn-around times may take up to 10 days.

### Enter N/A if the field is not used.

**Description of Product**-Enter a complete description of the sample/product including the common or usual name and the sample/product packaging/container system. Check the box that describes how the sample/product is being submitted, whether in its original container or aseptically collected in a secondary container.

**Sample ID #**-Enter the unique identification that the submitter has given to the sample/product.

**Amount/Quantity**-Enter how much of the sample/product is being submitted (g/lbs).

**Date of Collection**-Enter the date the sample/product was collected.

**Time of Collection**-Enter the time the sample/product was collected.

**Product Code**-Enter the 7-digit product code associated with the sample/product being collected. Product codes may be found at <http://www.accessdata.fda.gov/scripts/ora/pcb/pcb.htm>.

**Lot Size**-Enter the amount of sample/product on hand before sampling as determined by the inventory of the lot. Include the number of shipping cases and the size of the components, e.g., 75 (48/12 oz.) cases, 250/100 lb. burlap bags.

**Lot #**-Enter the Lot number found on the labeling of the sample/product.

**Date Code**-Enter the Date Code found on the labeling of the sample/product.

**Method of Collection**-Describe in detail how the sample/product was collected. Relate the number and size of the sampled units and subsamples to show how each was taken e.g., "Two cans of product randomly collected from each of 12 previously unopened cases selected at random." Include your observations of the conditions of the sample/product. Be sure to note any special sampling techniques used.

**Location where Sample is Collected**-Enter the location the sample/product is collected from in the field/warehouse/lot. A numbered diagram or grid may be useful.

**Additional Comments**-Comments about the environment that the inspector may see while sampling and want to document.

**Section 4. Test Request**-Check the test requested for the product.

**Section 5. Shipping**-Check how the box will be shipped to the laboratory.

**Section 6. Chain of Custody**-The chain of custody should begin as soon as the sample is collected and must remain unbroken. Every transfer between staff and storage areas must be documented with names, dates, and times.