

Massachusetts State Public Health Lab 305 South Street Jamaica Plain, MA 02130

## Document Number/Name FD 5.8.01 F# 1

### **ENVIRONMENTAL SAMPLE SUBMISSION FORM**

Implementation Version
Date: Effective Date:
11/26/14 10/13/15

Removed from service date: m/d/yy

Page 1 of 2

Type: Ver: Location: Food Lab .11

Issuing Authority: Microbiology Division Director

### **Controlled COPY**

Reason For Test: Outbreak Complaint Surveillance Routine Salvage Embargo (tag#)							
Test(s) Requested:							
Select one: Specimen(s) will be destroyed in days after testing is complete Hold specimen(s) until							
contacted by:							
Event Code	2:	Outbreak Code:	:				
Other Code	s:						
Complaint	#: Ma	ven ID:					
Name/address	where sample was collected						
Organization Na	ne:						
Address:							
Date of Collectio	n:						
Contact Person:							
Phone Number:							
Condition upon o							
Detailed sample	handling:						
Collector Inform	ation						
Organization Na	Organization Name:						
Address:							
Contact Person:							
Phone Number:							
	handling: Refrigerated Frozen On ice	Room Temperatu	ure Other				
		Room Temperatu	ure Other	Date/Time:			
Detailed sample Relinquished By:	Print:	<u> </u>	ure Other	Date/Time:			
Detailed sample	Print:	<u> </u>	ure Other	Date/Time:			
Detailed sample  Relinquished By:  Received By:	Print:	Sign:	ure Other	Date/Time:			
Detailed sample Relinquished By:	Print:	Sign:	ure Other	Date/Time:			
Detailed sample  Relinquished By:  Received By:	Print:	Sign:	ure Other	Date/Time:			
Relinquished By:  Received By:  Comments:	Print: Print:	Sign:	ure Other				
Detailed sample  Relinquished By:  Received By:	Print: Print:	Sign:	ure Other	Date/Time:			
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**SAMPLE LIST ON PAGE 2** 



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Sample Description (include lot #, date code and type of container)  Sample Temperature at of collection  Sample Temperature at of collection  Lab # Arrival Temp/ Gross Weight  Arrival Temp/ Gross Weight  See Attached Narrative Form  See Attached QA 4.9.1.1 ## Laboratory Sample / Specimen Rejection /Concession Form		Controlled C	.UP1				
(include lot #, date code and type of container) at of collection Gross Weight    Collection   C				For La	b Use Only		
(include lot #, date code and type of container) at of collection Gross Weight    Collection   C	Inspector #	Sample Description	Sample Temperature	Lab#	Arrival Temp/		
		(include lot #, date code and type of container)	at of collection		Gross Weight		
See Attached QA 4.9.1.1 F#1 Laboratory Sample / Specimen Rejection /Concession Form							
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