

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

359 South Park Drive, Colchester, VT 05446 • 1-802-338-4724 or 1-800-660-9997 (VT only)



A separate form is required for each sample. All samples must include a unique sample identifier and date of collection.

Section 1. Submitter Information		
Agency Name		
Contact Name		
Address		
City/Town	State	Zip Code
Telephone Number		
Email		
Collector Name		

Section 2. Source Information		
Name of Establishment/Responsible Party		
Address		
City/Town	State	Zip Code
Establishment ID/FDA FEI #		
Type of Establishment		
<input type="checkbox"/> Private Residence <input type="checkbox"/> Restaurant <input type="checkbox"/> Commercial <input type="checkbox"/> Institution <input type="checkbox"/> Other:		
Purpose of Sampling		
<input type="checkbox"/> Routine Surveillance <input type="checkbox"/> Compliance <input type="checkbox"/> Regulatory <input type="checkbox"/> Investigational		

Section 3. Sample Information			
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(s)	
<input type="checkbox"/> <i>Campylobacter</i> spp. <input type="checkbox"/> <i>Listeria monocytogenes</i> <input type="checkbox"/> <i>Salmonella</i> spp.	<input type="checkbox"/> Shiga-Toxin Producing <i>E. coli</i> (STEC) <input type="checkbox"/> Other:

Section 5. Shipment/Transport Storage
<input type="checkbox"/> Room Temperature (<i>Insulated container</i>) <input type="checkbox"/> Refrigerated (<i>Frozen cold pack(s) and insulated container</i>) <input type="checkbox"/> Frozen (<i>Dry Ice and insulated container</i>)

Section 6. Chain of Custody (For transfers within the field before receipt at VDHL)				
From (sign and print name)	To (sign and print name)	Date	Time	How Stored?
Sign:	Sign:			
Print:	Print:			
Sign:	Sign:			
Print:	Print:			

Section 7. For VDHL Use Only					
LIMS #	Condition Received in Lab	<input type="checkbox"/> Room Temperature <input type="checkbox"/> Refrigerated <input type="checkbox"/> Frozen			
	Packaging Intact?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Sample Temperature	IR Gun ID #	Date	Time	Analyst

Instructions for Filling Out the Environmental/Food Test Request Form

Section 1. Submitter Information

Complete the individual fields with information pertaining to who is submitting the sample and to whom/where the test results will be sent. Be sure to include the name of the sample collector.

Section 2. Source Information

Complete the individual fields with information pertaining to the establishment or responsible party where the sample was collected, including the establishment's name, address, Establishment ID number or FDA Establishment Identifier (FEI) number, and type (*private, restaurant, commercial, institution, or other*). Also select the purpose of sampling (*routine surveillance, compliance, investigational, or regulatory*).

Section 3. Sample Information

Complete the individual fields with information pertaining to the sample itself. Please include as much information about the product as is required by your Agency to properly identify the sample. Write "N/A" if a field is not used.

- **Description of Product** – Provide a complete description of the sample including its common/usual name. Select the checkbox describing how the sample is being submitted (in its original container or aseptically collected into a secondary container).
- **Sample ID** – Record the unique identification that the submitter has given to the sample.
- **Amount/Quantity** – Record how much of the sample is being submitted (grams, liters, etc.).
- **Date of Collection** – Record the date the sample was collected.
- **Time of Collection** – Record the time the sample was collected.
- **Product Code** – Record the seven-digit product code associated with the sample being collected. Product codes may be found at <http://www.accessdata.fda.gov/scripts/ora/pcb/pcb.htm>.
- **Lot Size** – Record the amount of sample on hand prior to sampling as determined by the inventory of the lot. Include the number of shipping cases and the size of the components (e.g., 75 cases of 48/12 oz, 250/100 lbs. burlap bags).
- **Lot Number** – Record the Lot Number found on the sample label.
- **Date Code** – Record the Date Code found on the sample label. If no date of manufacture or packaging is printed on the sample, the expiration or "use by" date may be recorded instead.
- **Method of Collection** – Provide a detailed description of how the sample 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"). Be sure to note any special sampling techniques used.
- **Location Where Sample is Collected** – Describe the location the sample was collected from in the field, warehouse, lot, etc.
- **Additional Comments** – Record any comments about the sample observed during collection or transport.

Section 4. Test Request(s)

Select the test(s) requested for the sample. Please note that VDHL will test using AOAC, FDA BAM, USDA MLG, and/or other official published methods, as appropriate. Other test methods may be able to be performed upon request. Sample result turnaround times may take up to 10 business days.

Section 5. Shipment/Transport Storage

Select how the sample will be stored during shipment or transport to VDHL.

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. If more space is needed, print and attach additional copies of this form.