## **Ohio Department of Health Laboratory** Food Sample Submission Form



Ohio Department of Health Laboratory 8995 East Main Street Building 22 Reynoldsburg, OH 43068

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Note: Fields marked with an asterisk (\*) must be completed

## **Section 1: Submitter Information**

*Agency Name		*Contact Name		*Address	
*City	*County	*State	*Zip	* Phone Number	*Fax Number

#### **Section 2: Source Information**

*Place Collected	*Address, City, County, State, Zip Code			
O Private Residence O Restaurant** O Commercial Establishme	nt** O Institution** O Other**:			
** Chain of Custody Should Be Considered				

### Section 3: Sample Information

*Submitter Sample Identification #	*Collection Date	*Collection Time	*ODH Outbreak #		
*Sample Description					
Packaging					
O Original Container/Packaging O Secondary Container (e.g., zip lock storage bag)					
*Original Container Markings/Identifica	ition				
Manufacturer's Name:		Brand:			
Lot Number:		Best If Used By Date:			
Shipping (Ship items at same temperature conditions existing at time of collection)					
O Room Temperature (Insulated Conta	ainer)	O Refrigerated (Frozen Cold	Pack/Insulated Container)		
O Frozen (Dry Ice/ Insulated Container	·)				

Section 4: Test Requested (check all that apply)						
Suspect Age	Toxin Detection					
O Bacillus cereus	O Salmonella	O Bacillus cereus enterotoxin				
O Campylobacter species	O Shigella	O Botulinum neurotoxin				
O Clostridium botulinum	O Staphylococcus aureus	O Staphylococcal enterotoxin				
O Clostridium perfringens	O Vibrio parahaemolyticus					
O Coliform Count	O Vibrio species, other:					
O Escherichia coli (Shiga toxin-producing E. coli)	O Yersinia species					
O Listeria monocytogenes	O Other:					
Comments	For Use by the Ohio De	partment of Health Laboratory Only				
Comments	For Use by the Ohio De Date Received:	partment of Health Laboratory Only Date Reported:				
Comments	•					
Comments	•					
Comments	•					
Comments	Date Received:	Date Reported:				
Comments	Date Received: Billing: O Fee Due MI					
Comments	Date Received: Billing: O Fee Due MI	Date Reported:				

## **ODHL Food Sample Submission Form Instructions**

- 1) Each field marked with an asterisk (\*) is required information.
- 2) One HEA Food Form is required for each food sample submitted to the Ohio Department of Health Laboratory (ODHL) for the testing listed on this form.
- 3) Please print legibly.
- 4) Section 1:
  - a. Reporting: Reports will be sent by fax to the number provided. If a fax number is not provided, reports will be sent via U.S. mail to the address provided.
- 5) Section 2: Submitters should consider establishing a Chain of Custody (COC) in certain, if not all, investigations involving submission of food samples to the ODHL.
- 6) Section 3:
  - a. 'Submitter Sample Identification #' optional information; included to assist submitters that assign a tracking number to each food collection and submission.
  - b. 'Shipping' Ship items at same temperature conditions existing at time of collection to maintain integrity of the sample during storage prior to and during shipment to the ODHL.
- 7) Section 4: In consultation with ORBIT, indicate the test(s) requested.
- 8) 'Comments': Enter additional information related to the specimen submission.
- 9) 'For Use by the Ohio Department of Health Laboratory Only': Please do not mark in this area.
- 10) Refer to document entitled 'Food Sample Collection and Shipment Guidelines' for further instructions.

# Food Sample Collection Kit Re-supply Request

Complete Food Collection and Shipping Kit: # Requested	
(Typically one unit but request multiple units as required for large outbreak investig	gations)
Individual Food Collection and Shipping Kit Components:	
IATA-B Refrigerated Shipper: # Requested	
Sterile Specimen Container, 90 mL: # Requested	
Sterile Whirl-Pak Bags 18oz - Write on Style: # Requested	
Sterile Whirl-Pak Bags 24oz - Write on Style: # Requested	
Sterile Stand-Pak Pouches: # Requested	
Sterile Disposable General-Purpose Polyethylene Transfer Pipets: # Requested	
Sterile Disposable Spatula: # Requested	
Sterile Disposable Forceps: # Requested	
Ship To - Attn:	
Agency:	
Address:	