



Ohio Department of Health Laboratory
Food Sample Submission Form

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

Phone: 888-634-5227
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Email: odhlabs@odh.ohio.gov
CLIA Certification # 36D0655844

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

Section 1: Submitter Information

Form with fields: *Agency Name, *Contact Name, *Address, *City, *County, *State, *Zip, *Phone Number, *Fax Number

Section 2: Source Information

Form with fields: *Place Collected, *Address, City, County, State, Zip Code, and source type options (Private Residence, Restaurant, etc.)

Section 3: Sample Information

Form with fields: *Submitter Sample Identification #, *Collection Date, *Collection Time, *ODH Outbreak #, *Sample Description, Packaging, *Original Container Markings/Identification, Shipping options

Section 4: Test Requested (check all that apply)

Form with columns: Suspect Agent(s) (listing Bacillus cereus, Salmonella, etc.), Toxin Detection (listing Bacillus cereus enterotoxin, etc.)

Form with sections: Comments, For Use by the Ohio Department of Health Laboratory Only (Date Received, Date Reported, Billing), ODH LAB ID

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 investigations)

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: _____
