

Bacteriological Food Sample Submission Form

Client Name: _____ Address: _____

Phone: _____ Date of Exposure: _____ Symptoms: _____

No. of persons ill: _____ No. of persons exposed: _____ Time / Date of Illness Onset: _____

Incubation time: _____

Sample number	Sample description:	Produced by:	Collection point	Date/Time collected

ANALYSES REQUESTED: (GFQ: **G**eneral **F**ood **Q**uality indicator)

- () Standard Plate Count (GFQ) () *Bacillus cereus* () *Clostridium perfringens*
- () Fecal Coliform (GFQ) () *Salmonella sp.* () *Listeria sp.*
- () *Staphylococcus aureus* () *Shigella sp.* () STEC/ EHEC / *E. coli*
- () *Vibrio sp.* () *Campylobacter sp.* () Other (please call 904-791-1600)

Note: Laboratory tests results are to be used for public health information only and may not be acceptable as legal evidence or documentation. All tests consume the entire sample and therefore no samples can be returned or retained for further use.

Client signature: _____

Date Samples shipped to BPHL: _____

CHD Environmental Health or Regional Epi contact: _____ Phone: _____