



## REQUEST FOR VETERINARY LABORATORY TESTING & FOOD SAMPLE RECORD

For use of this form, see AR 40-657; the proponent agency is OTSG.

<b>1. FROM:</b>	<b>2. POINT OF CONTACT:</b> Name: _____ Phone: _____ Station Identification Number: _____	<b>3. CONTROL NUMBER:</b>
		<b>4. TO:</b> <input type="checkbox"/> VETCOM FADL <input type="checkbox"/> VLE <input type="checkbox"/> BAHRAIN <input type="checkbox"/> HAWAII <input type="checkbox"/> KOREA

**5. PRODUCER/MANUFACTURER (Name, Address and Phone):**

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ESTABLISHMENT # / PLANT CODE (IMSL, USDA, etc.) \_\_\_\_\_

VC # \_\_\_\_\_

**6. REASON FOR SUBMISSION:**

<input type="checkbox"/> Suspected foodborne illness (contact laboratory prior to submission)	<input type="checkbox"/> Destination monitoring program	<b>Sanitation Audits</b>
<input type="checkbox"/> Suspected foreign material/object	<input type="checkbox"/> Contract compliance	<input type="checkbox"/> Initial
<input type="checkbox"/> Customer return/complaint (provide synopsis of incident/problem and local inspection results in the Remarks section below).	<input type="checkbox"/> Proximate analysis	<input type="checkbox"/> Special
<input type="checkbox"/> OTHER (Specify): _____		<input type="checkbox"/> Directed routine
		<input type="checkbox"/> Routine

<b>7. SAMPLES SELECTED FROM:</b> <input type="checkbox"/> DECA <input type="checkbox"/> MWR <input type="checkbox"/> PLANT <input type="checkbox"/> Exchange <input type="checkbox"/> Exchange vendor <input type="checkbox"/> Prime vendor <input type="checkbox"/> Commercial establishment <input type="checkbox"/> OTHER: _____	<b>8. DATE SAMPLE(S) SELECTED:</b> _____ <b>thru</b> _____ <b>9. SHIPMENT TEMPERATURE CONDITIONS:</b> <input type="checkbox"/> Room temperature <input type="checkbox"/> Frozen <input type="checkbox"/> Chilled - include 1 temperature pilot per shipping container
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<b>10. INSPECTOR'S SIGNATURE</b>	<b>11. ACCOUNTABLE OFFICER'S SIGNATURE</b>
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**12. REMARKS (use additional paper if necessary):**

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FOR LABORATORY USE ONLY		
SHIPPING CARRIER TRACKING NUMBER:	LABORATORY REPORT NUMBER:	RECEIVED:
RECEIPT TEMPERATURE: _____	SAMPLE(S) FOR ANALYSIS BY: <input type="checkbox"/> CHEMISTRY <input type="checkbox"/> MICROBIOLOGY	

<b>13. SAMPLE INFORMATION</b> <i>(Complete as much information as is available):</i>			LAB REPORT #
<b>SAMPLE NUMBER 1</b>		FOR LABORATORY USE ONLY	
SUBMITTER SAMPLE NUMBER	SAMPLE DESCRIPTION	BRAND NAME	
UNIVERSAL PRODUCT CODE (UPC)	PRODUCT CODE	SAMPLE WEIGHT/VOLUME	
QUANTITY SUBMITTED	UNIT OF ISSUE	TOTAL COST	DISPOSITION
<b>SAMPLE NUMBER 2</b>		FOR LABORATORY USE ONLY	
SUBMITTER SAMPLE NUMBER	SAMPLE DESCRIPTION	BRAND NAME	
UNIVERSAL PRODUCT CODE (UPC)	PRODUCT CODE	SAMPLE WEIGHT/VOLUME	
QUANTITY SUBMITTED	UNIT OF ISSUE	TOTAL COST	DISPOSITION
<b>SAMPLE NUMBER 3</b>		FOR LABORATORY USE ONLY	
SUBMITTER SAMPLE NUMBER	SAMPLE DESCRIPTION	BRAND NAME	
UNIVERSAL PRODUCT CODE (UPC)	PRODUCT CODE	SAMPLE WEIGHT/VOLUME	
QUANTITY SUBMITTED	UNIT OF ISSUE	TOTAL COST	DISPOSITION
<b>SAMPLE NUMBER 4</b>		FOR LABORATORY USE ONLY	
SUBMITTER SAMPLE NUMBER	SAMPLE DESCRIPTION	BRAND NAME	
UNIVERSAL PRODUCT CODE (UPC)	PRODUCT CODE	SAMPLE WEIGHT/VOLUME	
QUANTITY SUBMITTED	UNIT OF ISSUE	TOTAL COST	DISPOSITION
<b>SAMPLE NUMBER 5</b>		FOR LABORATORY USE ONLY	
SUBMITTER SAMPLE NUMBER	SAMPLE DESCRIPTION	BRAND NAME	
UNIVERSAL PRODUCT CODE (UPC)	PRODUCT CODE	SAMPLE WEIGHT/VOLUME	
QUANTITY SUBMITTED	UNIT OF ISSUE	TOTAL COST	DISPOSITION
<b>SAMPLE NUMBER 6</b>		FOR LABORATORY USE ONLY	
SUBMITTER SAMPLE NUMBER	SAMPLE DESCRIPTION	BRAND NAME	
UNIVERSAL PRODUCT CODE (UPC)	PRODUCT CODE	SAMPLE WEIGHT/VOLUME	
QUANTITY SUBMITTED	UNIT OF ISSUE	TOTAL COST	DISPOSITION
FOR ADDITIONAL SAMPLES, USE ADDITIONAL COPIES OF PAGE 2.			