## Food Safety Test Request Form

Anim Norti Broo

Signature 2

Signature 3

Releasing

Animal Disease Research and Diagnostic Laboratory

Animal Disease Research Building North Campus Drive Brookings, SD 57007

Phone: 605-688-5171

www.sdstate.edu/vs/foodsafetymicrobiolab/index.cfm

ODOC				
Collected From:		Bill To:		
Establishment:		Establishmen	Establishment:	
Address:		Address:		
City:		City:		
State:	Zip:	State:	Zip:	
Phone:		Phone:		
Contact Name:		Contact Nam	e:	
Sample Type:		Sample /Lot Information:		
☐ Ground Beef ☐ Beef Trim ☐	Kidney	Collected by:		
☐ Carcass Sponge ☐ Other ☐ RTE Meat		Collected date/time:		
Food Contact Sponge		Date Shipped	<u> </u>	
Environmental Sponge		Carcass ID#:	Age:	
Analysis Requested:		cardado IDIII.		
☐ Salmonella ☐ Listeria spp.		Source Info:		
☐ E. coli O157 ☐ Generic	_			
☐ Non-O157 STEC ☐ Canned	Food Analysis	Other ID#:		
<ul><li>☐ Listeria monocytogenes</li><li>☐ Campylobacter</li><li>☐ Residue</li></ul>		Lot Size:	Lot Held	
Sample Number ID		Sample Number	ID	
1		6		
2		7		
3		8		
4		9		
5		10		
IMPORTANT! Submitters: For chain of custody, you must sign, date/time when submitting your sample to the SD ADRDL.				
Releasing Dat	e Time	Receiving	Date Time	
Signature 1 Releasing Dat	e Time	Signature 1 Receiving	Data	
Releasing Dat	e ime	li veceivii id	Date Time	

VBSD.ADRDL.FORM.FSX.0100.05 Revision Date 11/2014

Date

Time

Signature 2

Signature 3

Receiving

Time

Date