

**Ohio Department of Health Laboratory
Food Sample Report Form**

Test Requested	Presence	Absence	Enumeration
<input type="checkbox"/> <i>Bacillus cereus</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> <i>Campylobacter</i> species	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> <i>Clostridium botulinum</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> <i>Clostridium perfringens</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Coliform Count	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> <i>E. coli</i> (Shiga toxin-producing)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> <i>Listeria monocytogenes</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> <i>Salmonella</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> <i>Shigella</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> <i>Vibrio parahaemolyticus</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> <i>Vibrio</i> sp, other: _____	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> <i>Yersinia</i> species	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> <i>Bacillus cereus</i> enterotoxin	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Botulinum neurotoxin	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Staphylococcal enterotoxin	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Other (specify)			
Comments			ODH LAB ID #
Laboratory Analyst	Date Received Date Reported		Agent Identified

ODHL Food Sample Collection Kit Re-supply Request

Complete Food Collection and Shipping Kit: # Requested _____

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: _____

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.