

**New Jersey Department of Health
Public Health Infrastructure, Laboratories and Emergency Preparedness
Public Health Laboratory Services
P. O. Box 361
Trenton, NJ 08625-0361**

REQUEST FOR MICROBIOLOGICAL TESTING OF FOOD SAMPLE

Submit a separate request for each sample. Retain a copy for your records.

CDS/CEOHS Case Number *	Lab Accession Number
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REQUESTING AGENCY/INSTITUTION			
Name of Requesting Agency/Institution			
Address	City	State	Zip Code
Contact Person	Telephone Number		
COLLECTED SAMPLE			
Collection/Pick-Up Site	Collection Date	Collection Time <input type="checkbox"/> AM <input type="checkbox"/> PM	
Address	Sample Origin (if different from address)		
City	State	Zip Code	Sample Collected By
Site Type (<i>Check all that apply</i>) <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Caterer <input type="checkbox"/> Other (specify): _____			
Description of Food Sample(s)			
ANALYSIS REQUESTED			
Analysis Requested (<i>Check all that apply</i>) <input type="checkbox"/> <i>Salmonella</i> <input type="checkbox"/> <i>E.coli</i> 0157:H7 <input type="checkbox"/> <i>S. aureus</i> <input type="checkbox"/> <i>Shigella</i> <input type="checkbox"/> <i>L. monocytogenes</i> <input type="checkbox"/> Other (specify): _____			

*** Approval (Case Number / E Number) from Communicable Disease Service (CDS) or Consumer, Environmental and Occupational Health Service (CEOHS) is required for testing to proceed.**

FOR NJDOH USE ONLY						
Name (Print)	Agency	Signature	Received		Released	
			Date	Time	Date	Time