



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 MISSOURI STATE PUBLIC HEALTH LABORATORY
 FOOD TEST REQUEST

101 NORTH CHESTNUT STREET, PO BOX 570
 JEFFERSON CITY, MO 65101
 (573) 751-3334
<http://health.mo.gov/lab/index.php>

Save

Print

Reset

TEST REQUESTED	
ANALYSIS REQUESTED	DATE COLLECTED (YYYY/MM/DD)

COLLECTOR/COLLECTION LOCATION INFORMATION					
COLLECTOR (LAST NAME, FIRST NAME)		TELEPHONE NUMBER	COLLECTION LOCATION NAME		
COLLECTION LOCATION ADDRESS	COLLECTION LOCATION CITY	STATE	ZIP CODE	COUNTY	

SUBMITTER INFORMATION (RESULTS ARE RETURNED TO THIS ADDRESS)					
SUBMITTER NAME			EVENT / OUTBREAK / EXPOSURE NAME		
ADDRESS	CITY	STATE	ZIP CODE		

ADDITIONAL SAMPLE INFORMATION					
REASON FOR TESTING			COLLECTOR'S SIGNATURE		
<input type="checkbox"/> Outbreak / Exposure <input type="checkbox"/> Surveillance <input type="checkbox"/> Compliance <input type="checkbox"/> Complaint			_____		

RELINQUISHED BY: Signature & Print Name	RECEIVED BY: Signature & Print Name	DATE:	TIME:
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ACCESSION #	PRODUCT DESCRIPTION	USDA/FDA ESTABLISHMENT #	BRAND NAME	LOT NUMBER	BEST BY DATE	CONTAINER SIZE OR WEIGHT	COUNTRY OF ORIGIN	FOR LAB USE ONLY SAMPLE ACCEPTABLE? COMMENTS
Lab use only								<input type="checkbox"/> YES <input type="checkbox"/> NO Sample Received Condition: <input type="checkbox"/> Refrigerated <input type="checkbox"/> Frozen <input type="checkbox"/> Ambient
Lab use only								<input type="checkbox"/> YES <input type="checkbox"/> NO Sample Received Condition: <input type="checkbox"/> Refrigerated <input type="checkbox"/> Frozen <input type="checkbox"/> Ambient

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