

Sample Submission Form



Establishment Name: Establishment. #: Street Address: City/State/Zip: Phone: Est. Contact Person: Contact Person email:	Collector Name: Circuit # : Email: Contact # Supervisor email: Supervisor Phone #:
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Product Name:	Sample Identification:
Pounds of product in sampled lot: Lot#:	Date(s) product was produced:

Select all that apply ☐ Beef ☐ Veal ☐ Pork ☐ Turkey ☐ Chicken ☐ Other, list

☐ Final package ☐ Aseptically collected (whirl-pak bag) ☐ Slack filled or short weighted ☐ Other:

☐ **MT43 - 2 pounds** Raw Ground Beef (tested for *E. coli* O157:H7, Non-O157 STEC, *Salmonella*)

☐ **MT60_C** - Cloth or **MT60 - 2 pounds** Raw Beef Trimmings (tested for *E. coli* O157:H7, Non-O157 STEC, *Salmonella*)

☐ **MT64 - 2 pounds** components other than trim from in plant slaughter (tested for *E. coli* O157:H7, Non-O157 STEC, *Salmonella*)

☐ **MT65_C** - Cloth or **MT-65 - 2 pounds** Raw Beef bench trim from purchased products (*E. coli* O157:H7, Non-O157 STEC, *Salmonella*)

☐ Follow up sampling : ☐ MT44 ☐ Compliance MT05 MT53_C

☐ **Carcass sponge:** ☐ Beef ☐ Pork ☐ Turkey ☐ Chicken (rinse)
☐ *E. coli* O157:H7 ☐ Non O157:H7 STEC ☐ *Salmonella*

☐ **Raw Ground Poultry (2 pounds finished product**-tested for *Salmonella*)

Whole Bird and Parts Rinses (100mL of sample rinse fluid – tested for *Salmonella*)

☐ **RTEPROD_RAND/RISK (1 pound of finished RTE product** tested for *Listeria monocytogenes* and *Salmonella*)

☐ **Sponge - Food Contact Surface** (*Listeria monocytogenes*)

☐ **Fair Residue (KIS Test)** (Tissue Submitted-One Kidney*) Producer Name:

List All Animal Identification(s)/types

*2nd kidney, liver and muscle should be collected and frozen at establishment pending results.

For CSOs only ☐ RLMCONT; ☐ RLMENVC; ☐ RLMENVR; ☐ RLMPROD

FOR BEEF ONLY

Is this the originating slaughter establishment for this product? Yes ☐ No ☐

Name of the beef components used in the production of the sampled product

Supplier Lot Number(s)

Slaughter Date(s)

Product Date(s) of Source Material

Pounds of Source Material

Name of Source Material

Name of source company

Is a copy of the supplier label available Yes ☐ No ☐

Are the source materials imported Yes ☐ No ☐

Other Information/Comments:

Laboratory Use Only-Results

Plant Notified: Yes ☐ No ☐ Product Held Yes ☐ No ☐ Red Tape Seal on each sample Yes ☐ No ☐

By affixing your signature below, you are attesting to the fact that you have notified the establishment, collected source material information as required and submitted the sample properly, including a red tape seal.

Signature :

Collection Date:

Ship Date:

Save file as PlantNumber_Date and email to vdlfsis@vetmed.illinois.edu, and send the hard copy along with the shipment to:

University of Illinois Veterinary Diagnostic Laboratory, Attn: Food Safety, 2001 S. Lincoln Ave, Urbana, IL 61802