

**FOOD ANALYSIS FORM**  
 SUBMITTAL FORM

ASPHL LAB  
 NUMBER

DATE/TIME RECEIVED

**PLEASE USE ONE FORM FOR EACH SAMPLE SUBMITTED. SUBMITTER MUST COMPLETE ALL SECTIONS IN YELLOW**

AGENCY (OR CODE)		PURPOSE: <input type="checkbox"/> ROUTINE  <input type="checkbox"/> COMPETENCY  <input type="checkbox"/> OTHER*:	COLLECTION OF SAMPLE	
ADDRESS			COLLECTION LOCATION	CITY
CITY/STATE/ZIP			ADDRESS OF COLLECTION	
CONTACT PERSON	PHONE NO.		PHONE NO.	
			COLLECTION DATE	COLLECTION TIME

<b>ANALYSIS REQUESTED</b>			
<input type="checkbox"/> Staphylococcus enterotoxin	<input type="checkbox"/> E. coli 0157:H7	<input type="checkbox"/> Salmonella	<input type="checkbox"/> Other*:
<input type="checkbox"/> STEC (E.coli non-O157)	<input type="checkbox"/> Listeria (Species/L. monocytogenes)		
<b>Sample Description</b>			
Type of Product/Description:			
Size:			
Processor/Manufacturer:			
Lot/Code Number:			