



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>

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:	
RELINQUISHED BY: Signature & Print Name				RECEIVED BY: Signature & Print Name				DATE:	TIME:	
RELINQUISHED BY: Signature & Print Name				RECEIVED BY: Signature & Print Name				DATE:	TIME:	
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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