



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
MISSOURI STATE PUBLIC HEALTH LABORATORY
LFFM 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)
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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
Outbreak / Exposure Surveillance Compliance Complaint	

RELINQUISHED BY: Signature & Print Name	RECEIVED BY: Signature & Print Name	DATE:	TIME:
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ACCESSION #	PRODUCT DESCRIPTION	UPC/FDA EST. #	BRAND NAME	LOT NUMBER	BEST BY DATE	CONTAINER SIZE OR WEIGHT	COUNTRY OF ORIGIN	FOR LAB USE ONLY SAMPLE ACCEPTABLE? COMMENTS
Lab use only								YES NO
								Sample Received Condition: Refrigerated Frozen Ambient
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