



Massachusetts State Public Health Lab
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ENVIRONMENTAL SAMPLE SUBMISSION FORM

Implementation Date: 11/26/14	Version Effective Date: 10/13/15	Removed from service date: m/d/yy
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Type: Location: Food Lab	Ver: .11
Issuing Authority: Microbiology Division Director	

Controlled COPY

Reason For Test: Outbreak Complaint Surveillance Routine Salvage Embargo (tag#) other

Test(s) Requested: _____

Select one: Specimen(s) will be destroyed in _____ days after testing is complete Hold specimen(s) until contacted by: _____

Event Code:		Outbreak Code:	
Other Codes:			
Complaint #:		Maven ID:	

Name/address where sample was collected

Organization Name:
Address:
Date of Collection:
Contact Person:
Phone Number:
Condition upon collection:
Detailed sample handling:

Collector Information

Organization Name:
Address:
Contact Person:
Phone Number:
Detailed sample handling: <input type="checkbox"/> Refrigerated <input type="checkbox"/> Frozen <input type="checkbox"/> On ice <input type="checkbox"/> Room Temperature <input type="checkbox"/> Other

Relinquished By:	Print:	Sign:	Date/Time:
Received By:	Print:	Sign:	
Comments:			

Relinquished By:	Print:	Sign:	Date/Time:
Received By:	Print:	Sign:	
Comments:			

Relinquished By:	Print:	Sign:	Date/Time:
Received By:	Print:	Sign:	
Comments:			

SAMPLE LIST ON PAGE 2

