

REQUEST FOR VETERINARY LABORATORY TESTING & FOOD SAMPLE RECORD

For use of this form, see AR 40-657; the proponent agency is OTSG.

1. FROM:	2. POINT OF CONTACT: Name: _____ Phone: _____ Station Identification Number: _____	3. CONTROL NUMBER:
		4. TO: <input type="checkbox"/> VETCOM FADL <input type="checkbox"/> VLE <input type="checkbox"/> SAHRAIN <input type="checkbox"/> HAWAII <input type="checkbox"/> KOREA

5. PRODUCER/MANUFACTURER (Name, Address and Phone):

ESTABLISHMENT # / PLANT CODE (IMSL, USDA, etc.) _____

VC # _____

6. REASON FOR SUBMISSION:

<input type="checkbox"/> Suspected foodborne illness (contact laboratory prior to submission)	<input type="checkbox"/> Destination monitoring program	Sanitation Audits
<input type="checkbox"/> Suspected foreign material/object	<input type="checkbox"/> Contract compliance	<input type="checkbox"/> Initial
<input type="checkbox"/> Customer return/complaint (provide synopsis of incident/problem and local inspection results in the Remarks section below).	<input type="checkbox"/> Proximate analysis	<input type="checkbox"/> Special
<input type="checkbox"/> OTHER (Specify): _____		<input type="checkbox"/> Directed routine
		<input type="checkbox"/> Routine

7. SAMPLES SELECTED FROM: <input type="checkbox"/> DECA <input type="checkbox"/> MWR <input type="checkbox"/> PLANT <input type="checkbox"/> Exchange <input type="checkbox"/> Exchange vendor <input type="checkbox"/> Prime vendor <input type="checkbox"/> Commercial establishment <input type="checkbox"/> OTHER: _____	8. DATE SAMPLE(S) SELECTED: _____ thru _____ 9. SHIPMENT TEMPERATURE CONDITIONS: <input type="checkbox"/> Room temperature <input type="checkbox"/> Frozen <input type="checkbox"/> Chilled - include 1 temperature pilot per shipping container
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10. INSPECTOR'S SIGNATURE	11. ACCOUNTABLE OFFICER'S SIGNATURE
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12. REMARKS (use additional paper if necessary):

FOR LABORATORY USE ONLY		
SHIPPING CARRIER TRACKING NUMBER: _____	LABORATORY REPORT NUMBER: _____	RECEIVED: _____
RECEIPT TEMPERATURE: _____	SAMPLE(S) FOR ANALYSIS BY: <input type="checkbox"/> CHEMISTRY <input type="checkbox"/> MICROBIOLOGY	

13. SAMPLE INFORMATION (Complete as much information as is available):			LAB REPORT #
SAMPLE NUMBER 1		FOR LABORATORY USE ONLY	
SUBMITTER SAMPLE NUMBER	SAMPLE DESCRIPTION	BRAND NAME	
UNIVERSAL PRODUCT CODE (UPC)	PRODUCT CODE	SAMPLE WEIGHT/VOLUME	
QUANTITY SUBMITTED	UNIT OF ISSUE	TOTAL COST	DISPOSITION
SAMPLE NUMBER 2		FOR LABORATORY USE ONLY	
SUBMITTER SAMPLE NUMBER	SAMPLE DESCRIPTION	BRAND NAME	
UNIVERSAL PRODUCT CODE (UPC)	PRODUCT CODE	SAMPLE WEIGHT/VOLUME	
QUANTITY SUBMITTED	UNIT OF ISSUE	TOTAL COST	DISPOSITION
SAMPLE NUMBER 3		FOR LABORATORY USE ONLY	
SUBMITTER SAMPLE NUMBER	SAMPLE DESCRIPTION	BRAND NAME	
UNIVERSAL PRODUCT CODE (UPC)	PRODUCT CODE	SAMPLE WEIGHT/VOLUME	
QUANTITY SUBMITTED	UNIT OF ISSUE	TOTAL COST	DISPOSITION
SAMPLE NUMBER 4		FOR LABORATORY USE ONLY	
SUBMITTER SAMPLE NUMBER	SAMPLE DESCRIPTION	BRAND NAME	
UNIVERSAL PRODUCT CODE (UPC)	PRODUCT CODE	SAMPLE WEIGHT/VOLUME	
QUANTITY SUBMITTED	UNIT OF ISSUE	TOTAL COST	DISPOSITION
SAMPLE NUMBER 5		FOR LABORATORY USE ONLY	
SUBMITTER SAMPLE NUMBER	SAMPLE DESCRIPTION	BRAND NAME	
UNIVERSAL PRODUCT CODE (UPC)	PRODUCT CODE	SAMPLE WEIGHT/VOLUME	
QUANTITY SUBMITTED	UNIT OF ISSUE	TOTAL COST	DISPOSITION
SAMPLE NUMBER 6		FOR LABORATORY USE ONLY	
SUBMITTER SAMPLE NUMBER	SAMPLE DESCRIPTION	BRAND NAME	
UNIVERSAL PRODUCT CODE (UPC)	PRODUCT CODE	SAMPLE WEIGHT/VOLUME	
QUANTITY SUBMITTED	UNIT OF ISSUE	TOTAL COST	DISPOSITION
FOR ADDITIONAL SAMPLES, USE ADDITIONAL COPIES OF PAGE 2.			