# SAMPLE COVER SHEET

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
525 WEST JEFFERSON – 2ND FLOOR
SPRINGFIELD, ILLINOIS 62761  (217) 785-2439

## COLLECTION

<table>
<thead>
<tr>
<th>SITE NAME</th>
<th>INCIDENT/COMPLAINT #</th>
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<tbody>
<tr>
<td>ADDRESS</td>
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<td>CITY</td>
<td>STATE</td>
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<td>ZIP</td>
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Sanitarian/ Collector: __________________________ Signature: __________________________

## INITIAL INFORMATION

<table>
<thead>
<tr>
<th>NUMBER OF PERSONS WHO ATE FOOD</th>
<th>NUMBER OF THOSE WHO ARE ILL</th>
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<tbody>
<tr>
<td>Number Treated by Physician</td>
<td>Average Incubation Period</td>
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Symptoms: 
- □ Nausea
- □ Diarrhea
- □ Body ache
- □ Vomiting
- □ Fever
- □ Other

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<tr>
<th>SAMPLE NUMBER</th>
<th>COLLECTION DATE</th>
<th>NUMBER OF CONTAINERS</th>
<th>LAB NUMBER</th>
<th>PRODUCT NAME</th>
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COMPLETE REVERSE SIDE

CHAIN OF CUSTODY
INCIDENT/ COMPLAINT NUMBER ___________

CHAIN OF CUSTODY

Relinquished by (print) _____________________________ Sign  ________________________________  Time _______ Date ________

Received by(print)_________________________________ Sign _________________________________ Time_______  Date ________

Relinquished by (print) _____________________________ Sign  ________________________________  Time _______ Date ________

Received by(print)_________________________________ Sign _________________________________ Time_______  Date ________

Relinquished by (print) _____________________________ Sign  ________________________________  Time _______ Date ________

Received by(print)_________________________________ Sign _________________________________ Time_______  Date ________

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