INSTRUCTIONS FOR COMPLETION OF DIVISION OF FOODS, DRUGS AND DAIRIES SAMPLE COVER SHEET

1. Location name where the samples are being collected

2. Record incident or complaint number

3. Address, city, state and zip where samples are being collected

4. Name of person collecting samples

5. Signature of collector

6. Number of persons who ate suspect food

7. Number of persons who are ill

8. Number of ill persons who have been treated by a physician

9. Average incubation period of suspect pathogen

10. Symptoms of ill persons (check applicable boxes/ list other symptoms)

11. Collection date of sample #1

12. Number of containers for sample #1

13. Product name of sample #1

NOTE: Repeat steps 11-13 for sample 2, etc

14. Record same number as in block #2

15. Name and signature of person releasing sample

16. Name and signature of person receiving sample

17. Time sample custody was transferred

18. Date sample custody was transferred

19. For LABORATORY use only

NOTE: Repeat steps 15-18 each time custody is transferred
SAMPLE COVER SHEET

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

COLLECTION

SITE NAME __________________ 1  INCIDENTAL/COMPLAINT # ___ 2 ________
ADDRESS __________________ 3 _______________________________________________________________________
CITY________________________ 3  STATE__________________ 3 ZIP __________ 3
SANITARIAN/ 
COLLECTOR______________ 4  SIGNATURE______________________ 5

INITIAL INFORMATION

NUMBER OF PERSONS WHO ATE FOOD _____ 6 ______  NUMBER OF THOSE WHO ARE ILL _____ 7 ______
NUMBER TREATED BY PHYSICIAN _______ 8 ____  AVERAGE INCUBATION PERIOD ________ 9 ______
SYMPTOMS: □ nausea  □ diarrhea  □ body ache  □ vomiting  □ fever  □ other_________________________ 10 ______

<table>
<thead>
<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
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INSTRUCTIONS FOR COMPLETION OF DIVISION OF FOOD, DRUGS AND DAIRIES FOOD INVESTIGATION SUBMISSION FORM

1. Check lab where sample will be sent

2. Circle if CHEMISTRY or MICROBIOLOGY testing is requested

3. Record incident or complaint number

4. To be completed by LABORATORY only

5. Sample number 1-14 from sample cover sheet (if multiple samples)

6. Record item name here

7. Record container size and type

8. Record lot code of original container

9. Record date code of original container

10. Record UPC code of original container

11. Record how product was prepared

12. Record where the sample was collected (home, restaurant name, etc) including address, city, state and zip

13. Record the store where the food was purchased (retail) including address, city, state and zip

14. Record the processor or company that made the product (wholesale) including address, city, state and zip

15. Name and signature of person collecting sample

16. Agency for which sampler works, including address, city, state and zip

17. Sampler’s phone number

18. Date sample was collected

19. Time sample was collected

20. Temperature of food in Fahrenheit at collection
21. How the sample will be collected
22. How the sample will be shipped
23. The analysis requested
24. For LABORATORY use only
25. Same number as item #3
26. Name and signature of person releasing sample

NOTE: Complete blocks 26-30 for each sample transfer
27. Name and signature of person accepting sample
28. Time sample custody was transferred
29. Date sample custody was transferred
30. For LABORATORY use only
31. For LABORATORY use only
32. Mark if a picture accompanies sample
33. Name and signature of commenter
34. Date form was completed and signed
35. Name and signature of commenter’s supervisor
36. Date form was reviewed and signed by supervisor
37. Comment section
FOOD ITEM

NOTE: ONE SAMPLE PER FORM

Sample number__5__ Description of sample ________________ 6 __ Original container size and type ________________ 7 __

Lot Code ________________ Date Code ________________ UPC Code ________________

☐ commercial canned ☐ fresh ☐ home canned ☐ frozen ☐ catered ☐ vacuum pack ☐ other ________________

Collection site ________________ Address ________________ City/ ST ________________ Zip ________________

Food purchased at ________________ Address ________________ City/ ST ________________ Zip ________________

Name of Company/ Processor ________________

Address ________________ City/ ST ________________ Zip ________________

SANITARIAN/ COLLECTOR

Collected by (print) ________________ Signature ________________

Agency Name ________________ Street Address ________________ City ________________ Zip ________________

Phone ________________ Date collected ________________ Time ________________ AM/PM Temp of food ________________

HOW COLLECTED: ☐ refrigerated ☐ unrefrigerated ☐ frozen ANALYSIS REQUESTED ________________

HOW SHIPPED: ☐ transferred to sterile ☐ non sterile ☐ original container ________________

LABORATORY USE ONLY

Date received ________________ Time received ________________ Received by ________________

Documentation: security of sample ________________ Pilot temp ________________

Test performed ____________________________ Results ____________________________ Remarks ____________________________

Lab report completed ________________ Analyst ____________________________ Supervisor ____________________________

Final report sent to: LHD ________________ Region ________________ FDD CO ________________ CD CO ________________

COMPLETE REVERSE SIDE FOR CHAIN OF CUSTODY AND COMMENTS
### INCIDENT/COMPLAINT NUMBER

25

### CHAIN OF CUSTODY

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### SUBMISSION TO CONTRACT LABORATORY (LAB USE ONLY)

Date: 31  Time: ______  Lab: ____________________  Phone: _____________  Lab Contact Name: _______________________

Lab Address: ____________________________________________  City/ ST________________________  Zip ________

### SANITARIAN/COLLECTOR COMMENTS

Picture provided by: □ submitter  □ laboratory 32

Signature 33  Date 34  Supervisor 35  Date 36

Print name 33  Print name 35

Comments:

37