

Submitted to:

CARBONDALE LAB
1155 S. Oakland St., Carbondale, IL 62901
(618) 457-5131

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
OFFICE OF DISEASE CONTROL
FOOD INVESTIGATION SUBMISSION FORM**

CHICAGO LAB
2121 W. Taylor St., Chicago, IL 60612
(312) 793-4771

INCIDENT/COMPLAINT/OUTBREAK# _____

MICROBIOLOGY/CHEMISTRY
(Circle One)

Lab use only/number

SPRINGFIELD LAB
825 N. Rutledge St., Springfield, IL 62702
(217) 782- 6562

FOOD ITEM

NOTE: ONE SAMPLE PER FORM

Sample number _____ Description of sample _____ Original container size and type _____

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/Manufacturer _____

Address _____ City/ST _____ Zip _____

SANITARIAN/COLLECTOR

Collected by (print) _____ Signature _____ Email _____

Supervisor Name _____ Signature _____ Email _____

Agency Name _____ Street Address _____ City _____ Zip _____

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

HOW COLLECTED: refrigerated room temp frozen HOW SHIPPED: sterile non-sterile original container

Picture provided by: submitter laboratory

Comments/Sample Notes:

LABORATORY USE ONLY

Date received _____ Time received _____ Received by _____

Documentation: Security of sample _____ Pilot temp _____

Comments/Sample Notes:

COMPLETE REVERSE SIDE FOR CHAIN OF CUSTODY AND COMMENTS

(If submitting more than one sample, please complete chain of custody only on Sample Cover Sheet for batch of samples.)

INCIDENT/COMPLAINT/OUTBREAK# _____

CHAIN OF CUSTODY (not required if chain of custody is completed for batch on Sample Cover Sheet)

Relinquished by (print) _____	Sign _____	Time _____	Date _____	Lab number _____
Received by(print) _____	Sign _____	Time _____	Date _____	_____
Relinquished by (print) _____	Sign _____	Time _____	Date _____	Lab number _____
Received by(print) _____	Sign _____	Time _____	Date _____	_____
Relinquished by (print) _____	Sign _____	Time _____	Date _____	Lab number _____
Received by(print) _____	Sign _____	Time _____	Date _____	_____
Relinquished by (print) _____	Sign _____	Time _____	Date _____	Lab number _____
Received by(print) _____	Sign _____	Time _____	Date _____	_____
Relinquished by (print) _____	Sign _____	Time _____	Date _____	Lab number _____
Received by(print) _____	Sign _____	Time _____	Date _____	_____
Relinquished by (print) _____	Sign _____	Time _____	Date _____	Lab number _____
Received by(print) _____	Sign _____	Time _____	Date _____	_____

SUBMISSION TO CONTRACT LABORATORY (LAB USE ONLY)

Date: _____	Time: _____	Lab: _____	Phone: _____	Lab Contact Name: _____
Lab Address: _____	City/ST _____	Zip _____		