

**Submitted to:**

CARBONDALE LAB #17004  
1155 S. Oakland St., Carbondale, IL 62902  
(618) 457-5131

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
OFFICE OF HEALTH PROTECTION  
FOOD INVESTIGATION SUBMISSION FORM**

CHICAGO LAB #17021  
2121 W. Taylor St., Chicago, IL 60612  
(312) 793-4771

INCIDENT/COMPLAINT # \_\_\_\_\_

**MICROBIOLOGY/ CHEMISTRY**  
(Circle One)

**Lab use only/ number**

SPRINGFIELD LAB #17001  
825 N. Rutledge St., Springfield, IL 62794  
(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 \_\_\_\_\_

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 \_\_\_\_\_

**CHAIN OF CUSTODY**

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 _____		

**SANITARIAN/ COLLECTOR COMMENTS**

Picture provided by: <input type="checkbox"/> submitter <input type="checkbox"/> laboratory			
Signature _____	Date _____	Supervisor _____	Date _____
Print name _____	Print name _____		
Comments:			