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 <u>LABORATORY</u> 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*_____INCIDENT/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*_____

SAMPLE NUMBER	COLLECTION DATE	NUMBER OF CONTAINERS	LAB NUMBER	PRODUCT NAME
1	*11*	*12*	*19*	*13*
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

COMPLETE REVERSE SIDE

CHAIN OF CUSTODY

INCIDENT/ COMPLAINT NUMBER ____14_____

CHAIN OF CUSTODY

Relinquished by (print) _____15_____   Received by (print) _____16_____ Time ___17___ Date ___18___

(sign)_____15_____ (sign)_____16_____

Relinquished by (print) _____   Received by (print) _____ Time _____ Date _____

(sign)_____ (sign)_____

Relinquished by (print) _____   Received by (print) _____ Time _____ Date _____

(sign)_____ (sign)_____

Relinquished by (print) _____   Received by (print) _____ Time _____ Date _____

(sign)_____ (sign)_____

Relinquished by (print) _____   Received by (print) _____ Time _____ Date _____

(sign)_____ (sign)_____

Relinquished by (print) _____   Received by (print) _____ Time _____ Date _____

(sign)_____ (sign)_____

Relinquished by (print) _____   Received by (print) _____ Time _____ Date _____

(sign)_____ (sign)_____

Relinquished by (print) _____   Received by (print) _____ Time _____ Date _____

(sign)_____ (sign)_____

Relinquished by (print) _____   Received by (print) _____ Time _____ Date _____

(sign)_____ (sign)_____

Relinquished by (print) _____   Received by (print) _____ Time _____ Date _____

(sign)_____ (sign)_____

Relinquished by (print) _____   Received by (print) _____ Time _____ Date _____

(sign)_____ (sign)_____

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**

Submitted to: *1*

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

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

☐ **SPRINGFIELD LAB #17001**
825 N. Rutledge St., Springfield, IL 62794
(217) 782- 6562

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

INCIDENT/COMPLAINT # ___*3*_____

MICROBIOLOGY/ CHEMISTRY
(Circle One)
2

Lab use only/ number
4

FOOD ITEM

NOTE: ONE SAMPLE PER FORM

Sample number___*5*___ Description of sample _____*6*_____ Original container size and type_____*7*_____

Lot Code_____*8*_____ Date Code _____*9*_____ UPC Code _____*10*_____

☐ commercial canned   ☐ fresh   ☐ home canned   ☐ frozen   ☐ catered   ☐ vacuum pack   ☐ other ____*11*_____

Collection site_____*12*_____ Address_____*12*_____ City/ ST_____*12*_____ Zip __*12*__

Food purchased at _____*13*_____ Address_____*13*_____ City/ ST ____*13*_____ Zip _*13*___

Name of Company/ Processor ___*14*_____

Address_____*14*_____ City/ ST_____*14*_____ Zip ___*14*_____

SANITARIAN/ COLLECTOR

Collected by (print)_____*15*_____ Signature_____*15*_____

Agency Name _____*16*_____ Street Address_____*16*_____ City _____*16*_____ Zip ___*16*_____

Phone _____*17*___ Date collected_____*18*_____ Time ____*19*_____AM/PM Temp of food____*20*_____

*21*HOW COLLECTED:☐ refrigerated ☐ unrefrigerated ☐ frozen   ANALYSIS REQUESTED_____*23*_____
*22*HOW SHIPPED: ☐ transferred to sterile ☐ non sterile ☐ original container _____

LABORATORY USE ONLY *24*

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

Relinquished by (print) _____26_____   Received by (print) _____27_____ Time ___28___ Date ___29___

(sign)_____26_____   (sign)_____27_____ Lab number _____30_____

Relinquished by (print) _____   Received by (print) _____ Time _____ Date _____

(sign)_____   (sign)_____ Lab number _____

Relinquished by (print) _____   Received by (print) _____ Time _____ Date _____

(sign)_____   (sign)_____ Lab number _____

Relinquished by (print) _____   Received by (print) _____ Time _____ Date _____

(sign)_____   (sign)_____ Lab number _____

Relinquished by (print) _____   Received by (print) _____ Time _____ Date _____

(sign)_____   (sign)_____ Lab number _____

Relinquished by (print) _____   Received by (print) _____ Time _____ Date _____

(sign)_____   (sign)_____ Lab number _____

Relinquished by (print) _____   Received by (print) _____ Time _____ Date _____

(sign)_____   (sign)_____ Lab number _____

Relinquished by (print) _____   Received by (print) _____ Time _____ Date _____

(sign)_____   (sign)_____ Lab number _____

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