

# REQUEST FOR VETERINARY LABORATORY TESTING & FOOD SAMPLE RECORD

For use of this form see C1, MEDCOM Reg 40-28

<b>1. FROM:</b>  	<b>2. POINT OF CONTACT:</b> Name: _____ Phone: _____ <b>Station Identification Number:</b> _____ - _____	<b>3. CONTROL NUMBER:</b>  <b>4. TO:</b> <input type="checkbox"/> VETCOM FADL <input type="checkbox"/> VLE <input type="checkbox"/> HAWAII
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**5. PRODUCER/MANUFACTURER:** *(Name, Address and Phone):*

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\_\_\_\_\_ **PLANT CODE (IMSL, USDA, etc.)**

\_\_\_\_\_ **VETCOM (VC #)**

**6. REASON FOR SUBMISSION :**

<input type="checkbox"/> Suspected foodborne illness (contact laboratory prior to submission)	<input type="checkbox"/> Destination monitoring program	<b>Sanitation Audits</b> <input type="checkbox"/> Initial
<input type="checkbox"/> Suspected foreign material/object	<input type="checkbox"/> Contract compliance	<input type="checkbox"/> Special
<input type="checkbox"/> Customer return/complaint (provide synopsis of incident/problem and local inspection results in the Remarks section below).	<input type="checkbox"/> Proximate analysis	<input type="checkbox"/> Directed routine
<input type="checkbox"/> OTHER (Specify): _____		

<b>7. SAMPLES SELECTED FROM:</b> <input type="checkbox"/> DECA <input type="checkbox"/> Exchange <input type="checkbox"/> MWR <input type="checkbox"/> Exchange vendor <input type="checkbox"/> PLANT <input type="checkbox"/> Prime vendor <input type="checkbox"/> OTHER: <input type="checkbox"/> Commercial establishment	<b>8. DATE SAMPLE(S) SELECTED:</b> _____ thru _____  <b>9. SHIPMENT TEMPERATURE CONDITIONS:</b> <input type="checkbox"/> Room temperature <input type="checkbox"/> Frozen <input type="checkbox"/> Chilled - include 1 temperature pilot per shipping container specify/describe: _____
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<b>10. INSPECTOR'S SIGNATURE</b>	<b>11. ACCOUNTABLE OFFICER'S SIGNATURE</b>
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**12. REMARKS** *(use additional paper if necessary):*

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**FOR LABORATORY USE ONLY**

<b>SHIPPING CARRIER TRACKING NUMBER:</b>  	<b>LABORATORY REPORT NUMBER:</b>  	<b>RECEIVED:</b>  
<b>SHIPMENT RECEIPT CONDITION:</b> <input type="checkbox"/> GOOD <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> RECEIPT TEMPERATURE: _____	<b>SAMPLE(S) FOR ANALYSIS BY:</b> <input type="checkbox"/> CHEMISTRY <input type="checkbox"/> MICROBIOLOGY	

13. SAMPLE INFORMATION (Complete as much information as is available):

<b>SAMPLE NUMBER 1</b>		FOR LABORATORY USE ONLY			
SUBMITTER SAMPLE NUMBER	SAMPLE DESCRIPTION			BRAND NAME	
UNIVERSAL PRODUCT CODE (UPC)	SELL BY/USE BY DATE	CAN CODE/LOT NUMBER		SAMPLE WEIGHT/VOLUME	
QUANTITY SUBMITTED	UNIT OF ISSUE	TOTAL COST		DISPOSITION	
<b>SAMPLE NUMBER 2</b>		FOR LABORATORY USE ONLY			
SUBMITTER SAMPLE NUMBER	SAMPLE DESCRIPTION			BRAND NAME	
UNIVERSAL PRODUCT CODE (UPC)	SELL BY/USE BY DATE	CAN CODE/LOT NUMBER		SAMPLE WEIGHT/VOLUME	
QUANTITY SUBMITTED	UNIT OF ISSUE	TOTAL COST		DISPOSITION	
<b>SAMPLE NUMBER 3</b>		FOR LABORATORY USE ONLY			
SUBMITTER SAMPLE NUMBER	SAMPLE DESCRIPTION			BRAND NAME	
UNIVERSAL PRODUCT CODE (UPC)	SELL BY/USE BY DATE	CAN CODE/LOT NUMBER		SAMPLE WEIGHT/VOLUME	
QUANTITY SUBMITTED	UNIT OF ISSUE	TOTAL COST		DISPOSITION	
<b>SAMPLE NUMBER 4</b>		FOR LABORATORY USE ONLY			
SUBMITTER SAMPLE NUMBER	SAMPLE DESCRIPTION			BRAND NAME	
UNIVERSAL PRODUCT CODE (UPC)	SELL BY/USE BY DATE	CAN CODE/LOT NUMBER		SAMPLE WEIGHT/VOLUME	
QUANTITY SUBMITTED	UNIT OF ISSUE	TOTAL COST		DISPOSITION	
<b>SAMPLE NUMBER 5</b>		FOR LABORATORY USE ONLY			
SUBMITTER SAMPLE NUMBER	SAMPLE DESCRIPTION			BRAND NAME	
UNIVERSAL PRODUCT CODE (UPC)	SELL BY/USE BY DATE	CAN CODE/LOT NUMBER		SAMPLE WEIGHT/VOLUME	
QUANTITY SUBMITTED	UNIT OF ISSUE	TOTAL COST		DISPOSITION	
<b>SAMPLE NUMBER 6</b>		FOR LABORATORY USE ONLY			
SUBMITTER SAMPLE NUMBER	SAMPLE DESCRIPTION			BRAND NAME	
UNIVERSAL PRODUCT CODE (UPC)	SELL BY/USE BY DATE	CAN CODE/LOT NUMBER		SAMPLE WEIGHT/VOLUME	
QUANTITY SUBMITTED	UNIT OF ISSUE	TOTAL COST		DISPOSITION	

FOR ADDITIONAL SAMPLES, USE ADDITIONAL COPIES OF PAGE 2.