N.C. Department of Health and Human Services
State Laboratory of Public Health
4312 District Drive
Raleigh, NC 27607

FOOD/ENVIRONMENTAL SAMPLE COLLECTION REPORT

		Complaint Number	Sample Number[1]
Submitter Name	Submitter's Address		
Place Collected	Address		Phone
Person-In-Charge	Sample		Date/Hour Collected

Reason for Collecting Sample:

☐ Food from alleged outbreak, ☐ Food ingredient, ☐ Similar food prepared in similar manner to that involved in outbreak, ☐ Environmental,
☐ Other (specify) _____

Method of Collecting and Shipping Sample:

Method of Sterilizing: Container[2]		Collection Utensil[2]	
Location Food Stored When Sampled	Temperature: Food	Storage Unit	Time Between Serving and Sampling
Shipped: ☐ Refrigerated, ☐ Frozen, ☐ Ambient		Identification Marks	Cost of Sample

Product Identification:

Name		Brand	Lot Number
Manufacturer's Name	Address		Container Size or Weight

Symptoms of Victims:

☐ Nausea, ☐ Vomiting, ☐ Abdominal Cramps, ☐ Fever, ☐ Diarrhea ☐ Other (specify) _____

Time of Eating Suspect Food/Meal: Date Hour	Time of Onset: Date Hour	Incubation Period	Duration of Illness
Investigator	Title	Agency	Date

Test Requested	Present/Absence	Count/Concentration	Definitive Type
☐ Staphylococci			
☐ Staphyloenterotoxin			
☐ C. *perfringens*			
☐ *B. cereus*			
☐ *Salmonella*			
☐ *Shigella*			
☐ *E. coli*			
☐ V. *parahaemolyticus*			
☐ C. *botulinum*			
☐ Botulinus toxin			

Condition of Food	Temperature: When received

Comments and interpretations

Laboratory Analyst	Agency	Date/Hour: Received	Started	Completed	Agent Identified

[1]Attach a list of number, sample, and tests desired for other samples collected at the same establishment during the same investigation.
[2]Specify only if unusual (such as field) method of sterilizing or sanitizing collection container or utensil or collecting sample is used.