

Chemical Analysis of Foods and Cosmetics Request Form

Please fill in all of the gray areas.



Agency		
Address		
City	State	Zip
Attention		Contact Phone
Collected by	Date Submitted (Mo, Day, Yr)	Epi / Outbreak Number

SAMPLES COLLECTED	Hour	Date	Temperature of collection	Source <input type="checkbox"/> Restaurant <input type="checkbox"/> Home <input type="checkbox"/> Institutional	<input type="checkbox"/> Processing <input type="checkbox"/> Grocery/Store
TEST REQUESTED (Check appropriate boxes)					
<input type="checkbox"/> Qualitative Cyanide Screen by Test Paper <input type="checkbox"/> Qualitative Azide, Cyanide, and Fluoroacetate Screen by GC-MS					

State of Idaho
Bureau of Laboratories
 2220 Old Penitentiary Road
 Boise, ID 83712
 208-334-2235

LABORATORY Sample Number (LAB USE ONLY)	FOOD/PRODUCT (UPC Code if Available)	NOTES

General Information:

Please indicate name of restaurant and/or place of purchase, including address if samples are from a chain restaurant or store. Submit a known uncontaminated or second-source sample of the same type for comparison analysis. If samples are transferred at the scene to sampling containers, two blank (empty) containers per lot of sampling containers should also be submitted for comparison analysis as necessary. The minimum amount of sample needed per test is one milliliter or one gram. Chain-of-custody procedures and tamper-evident seals are recommended.

Food Poisoning Investigations

Number of people ill	Time of Onset	Incubation period	Duration of Illness
Symptoms			
General	Gastrointestinal	Diarrhea	Other(Specify)
<input type="checkbox"/> Fever _____ <input type="checkbox"/> Fatigue <input type="checkbox"/> Muscle aches <input type="checkbox"/> Head ache	<input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Cramping <input type="checkbox"/> Bloating	<input type="checkbox"/> Bloody <input type="checkbox"/> Watery Frequency/Day _____	
Type of food poisoning suspected			

LABORATORY USE ONLY

How Received: Courier Walk-In Mail # Bottles / Sample: _____ Container Type: _____

Received by: _____ Billing / Receipt: _____ Lab Sample #: _____

Date / Time Received: _____ Lab Order ID: _____