

Appendix E: Collection and Submission of Food Samples

- 1) Collection and Submission of Food Sample for Bacteriological Examination
- 2) Lab Form 504
- 3) Reference List of Tests

Flow Charts for Food Sample Testing

Collection and Submission of Food Sample for Bacteriological Examination



Supplies Needed for Food Sample Collection



Food Collection Kit



State Seal DFS-224

Submission Form LAB504

Collection



Food Collection



State Seal



Packaging


1. Collect a minimum of 100 grams (3.5oz) of food using septic techniques.
2. When possible submit food in original and/or an unopened container.
3. If the sample is not in the original container, transfer sample to appropriate sterile container using the sealed utensils provided in the food collection kit.
4. Seal container with official seal.
5. Samples should be shipped temperature controlled to prevent compromising the integrity of the sample. When in doubt refrigerate sample during transport. Use freezer packs. Frozen samples should be kept frozen.
6. Place sample in cardboard box with styrofoam cooler or use other type of mailable package. Cushion sample to reduce movement during shipment.
7. Completely fill out a submission form for each sample (Lab504). Lab504 can be printed from <http://chfs.ky.gov/dph/info/lab/Forms.htm>
8. Replace styrofoam lid and place Lab form 504 on top.
9. Seal box with tape and place shipping label on the outside of the box.
10. The laboratory will accept and test authorized food samples only. Contact the Food Safety Branch at (502)564-7181 and the Division of Epidemiology, Infectious Disease Branch, Reportable Disease section at (502)564-3261 for authorization of all food samples before shipping.
11. Ship or transport food samples overnight/next day.

If you have any questions about collection or submission of food samples, contact the Division of Laboratory Services at (502) 564-4446.

1/2018

Image Source: <https://www.chfs.ky.gov/agencies/dph/dls/Pages/default.aspx> Collection and Submission of Food Sample for Bacteriological Examination

Form 50-Food 504
Revision 000-October 2023



Kentucky Public Health
Prevent. Promote. Protect.

Sample Collection Data and Analysis Report
Kentucky Cabinet for Health and Family Services, Department for Public Health
Division of Laboratory Services
100 Sower Blvd. Suite 204
Frankfort, Kentucky 40601
Phone: (502)564-4446 Fax: (502)564-7019

Please complete a separate form for each sample submitted & 1 Chain of Custody Form per Box submitted.

Sample No.:	Date Collected:	Time:	Cost of Sample:
Collector/ Health Dept.: (Name and Title) SI#:		Sample Procured From: Address:	
City:	State:	Zip Code:	County:
Reason for Collection: (Surveillance, Regulatory, Outbreak, Complaint)			
Sample Collection Firm Type: (Dealer, Grower, Harvester, Ingredient supplier, Manufacturer, Repacker, Shipper)			
Responsible Firm Type: (Dealer, Grower, Harvester, Ingredient supplier, Manufacturer, Repacker, Shipper)			
Responsible Firm Name and Address:			
Amount in Lot before Sampling:			
Brand and Description of Sample (Code No. if any):			
Lot Code (if any):		Lot Size:	
Method of Collection: (Describe how the sample was collected, Sterile vs Aseptically, Number and size of sample units and subsamples)			
Mail Report To:		Address:	Zip:
Email Address:			
Collector / Sample Collection Remarks: (Note Submitter needed if sample submitted by someone other than who collected)			
Collector Signature:		Submitter Signature (when applicable, see note):	
Requested Laboratory Analysis			
<input type="checkbox"/> Chemical <input type="checkbox"/> Other (Describe): <input type="checkbox"/> Mercury in Fish <input type="checkbox"/> Pesticide Residue <input type="checkbox"/> TOX 1 <input type="checkbox"/> Trace Metals (Water) Specify Metal(s):			
<input type="checkbox"/> Bacteriological <input type="checkbox"/> Other (Describe): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Aerobic Plate Count <input type="checkbox"/> Coliform Count <input type="checkbox"/> Clostridium perfringens Count <input type="checkbox"/> E. coli Count <input type="checkbox"/> Mold & Yeast Count </div> <div> <input type="checkbox"/> Staph aureus <input type="checkbox"/> Count <input type="checkbox"/> Toxin <input type="checkbox"/> Bacillus cereus <input type="checkbox"/> Count <input type="checkbox"/> Toxin <input type="checkbox"/> Cronobacter sp. <input type="checkbox"/> Campylobacter species <input type="checkbox"/> Listeria species </div> <div> <input type="checkbox"/> Salmonella species <input type="checkbox"/> Shigella species <input type="checkbox"/> E. coli O157: H7 <input type="checkbox"/> Non- O157 STEC Specify: </div> </div>			
Lab Accession # _____			
FDA Lab Sample Number: _____		Firm Establishment Identifier (FEI#): _____	
FDA Program Assignment Code (PAC): _____		FDA Product Code: _____	
Report of Laboratory Analysis			
Comments:			
Date Started	Date Completed	Date Reported	Signature of Analyst:
			Laboratory Services
<input type="checkbox"/> No Further Regulatory Action is indicated on this sample Analysis indicates sample is in violation of the following law and/or regulations based thereon. (Check appropriate one): <input type="checkbox"/> KRS 217.801 Lead Based Paint Law; <input type="checkbox"/> KRS 217.005 to 217.215 KY Food, Drug, & Cosmetic Act; <input type="checkbox"/> KRS 217C KY Milk and Milk Products Act; <input type="checkbox"/> KRS 217.650 to 217.710 KY Hazardous Substances Labeling Act; <input type="checkbox"/> KRS 152.105 to 152.190 Regulates Use and Control of Radiation; <input type="checkbox"/> KRS Chapter 260.765-260.772 Produce Safety Sample Considered: <input type="checkbox"/> Adulterated <input type="checkbox"/> Misbranded <input type="checkbox"/> Other Further Regulatory Action: <input type="checkbox"/> Resample <input type="checkbox"/> Reinspect <input type="checkbox"/> Official Action <input type="checkbox"/> Other			
Signature	Title	Agency	Date

Image Source: <https://www.chfs.ky.gov/agencies/dph/dls/Pages/default.aspx> Lab Form 504

Lab Form 504

**ONLY 1 Chain of
Custody per
Box of Samples**

Sample Collection Data and Analysis Report
Kentucky Cabinet for Health and Family Services, Department for Public Health
Division of Laboratory Services
100 Sower Blvd. Suite 204
Frankfort, Kentucky 40601
Phone: (502)564-4446 Fax: (502)564-7019

Form 50-Food 504
Revision 000-October 2023



Please complete a separate form for each sample submitted & 1 Chain of Custody Form per Box submitted.

To Be Completed by Collector

Sample No.(s) in Box: _____ Date Collected: _____ Time: _____ Cost of Sample: _____
Collector/ Health Dept.: _____ Sample Procured From: _____

Chain of Custody

DATE/ TIME	RELEASED BY (Collector/Submitter)	RECEIVED BY (Lab staff, unless otherwise indicated)	PURPOSE OF CHANGE (Lab use, unless otherwise indicated)
	Signature: _____	Signature: _____	<input type="checkbox"/> Transport <input type="checkbox"/> Storage (unit #) _____ <input type="checkbox"/> Testing
	Print Name: _____	Print Name: _____	
	Signature: _____	Signature: _____	<input type="checkbox"/> Transport <input type="checkbox"/> Storage (unit #) _____ <input type="checkbox"/> Testing
	Print Name: _____	Print Name: _____	
	Signature: _____	Signature: _____	<input type="checkbox"/> Transport <input type="checkbox"/> Storage (unit #) _____ <input type="checkbox"/> Testing
	Print Name: _____	Print Name: _____	
	Signature: _____	Signature: _____	<input type="checkbox"/> Transport <input type="checkbox"/> Storage (unit #) _____ <input type="checkbox"/> Testing
	Print Name: _____	Print Name: _____	

To Be Completed by Laboratory

Lab Accession # _____

State Seal Attached? ☐ Intact ☐ Broken ☐ None

Sample and Package Condition: ☐ Good ☐ Other (Describe) _____

Sample Received: ☐ Refrigerated ☐ Frozen ☐ Room Temperature

☐ Other (Describe) _____ Received Temperature: _____

Image Source: <https://www.chfs.ky.gov/agencies/dph/dls/Pages/default.aspx> Lab Form 504

[Reference List of Tests](#)

Environmental Microbiology

MICROBIOLOGY

Qualifying Specimens:

- Consumer complaint of illness suspected from a food product
- Consumer complaint of visible contamination in a food product
- Consumer complaint of Chemical contamination in a food product
- Foodborne illness outbreak – by request of Epidemiology or Food Safety Branch
- Routine surveillance of a food manufacturing facility or process
- Regulatory check of a manufacturing process or facility

Specimen:

- 100 grams of food (25-50 grams of food per requested food pathogen testing)

Mailing:

- Food collection kits are mailed in a plain standard cardboard box (12x8x6)

Collection Kit Furnished by:

- Kentucky State Public Health Lab (DLS) (502)564-4446

Collection and Packaging Instructions:

Specimen should be stored at 2-8°C prior to shipping. Ship ASAP. If possible, ship on cold pack

<https://chfs.ky.gov/agencies/dph/dls/Pages/default.aspx>

Food Kit

Call laboratory before sending specimens.

Environmental Microbiology: page 30 of DLS Reference List of Tests

Image Source: <https://www.chfs.ky.gov/agencies/dph/dls/Pages/default.aspx>

Flow Charts for Food Sample Testing

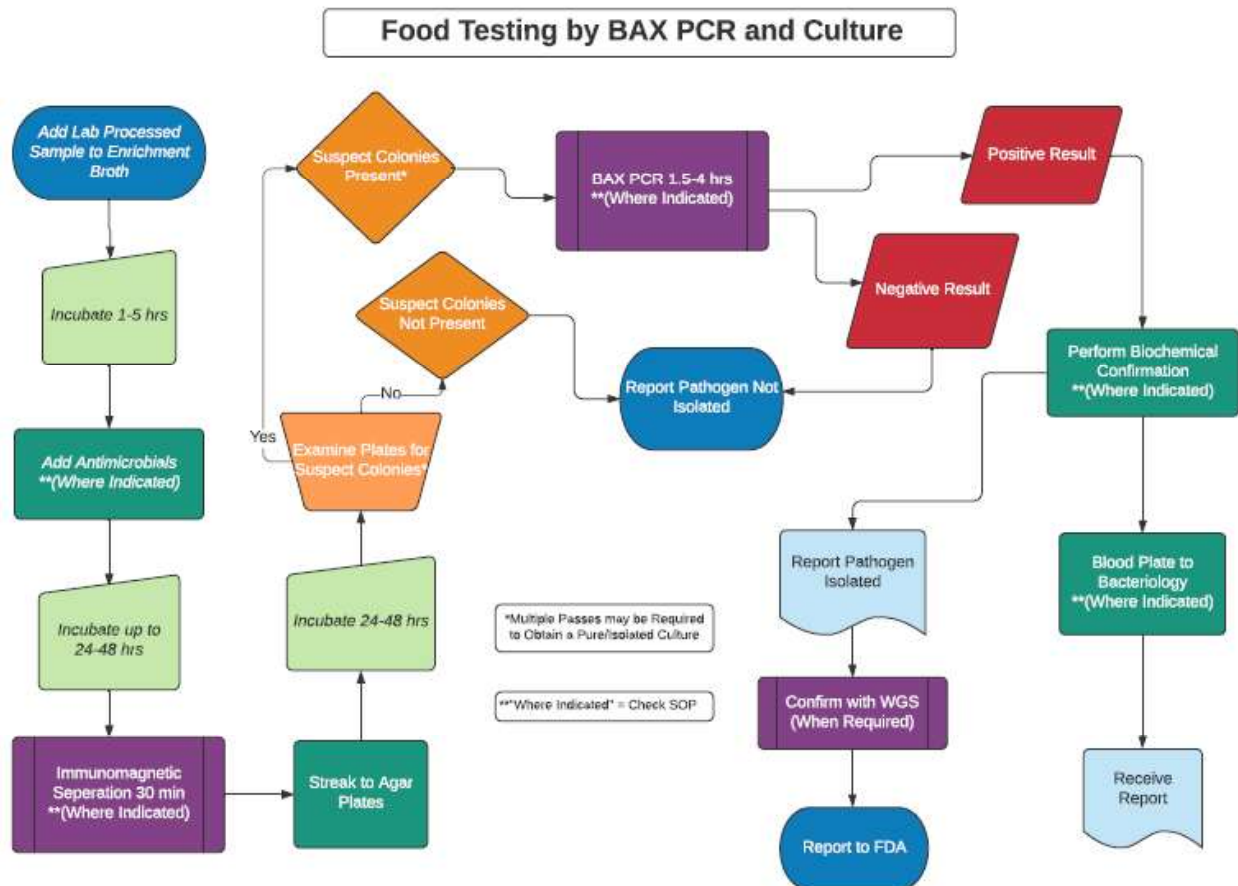


Image Source: Kentucky Department for Public Health Division of Laboratory Services

Please note that the following flow charts do not reflect the entire work process for testing of laboratory specimens. Rather, they have been simplified to provide a basic description of specimen flow through the lab and the testing process. These flow charts are intended to provide a general idea of the steps and time required for testing.