

Sample Collection Data and Analysis Report
 Kentucky Cabinet for Health and Family Services, Department for Public Health
Division of Laboratory Services
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Please complete a separate form for each sample submitted.

Sample No.:	Date Collected:	Time:	Cost of Sample:
Collector/ Health Dept.: (Name and Title)		Sample Procured From: (Signature)	
Reason for Collection: (Regulatory, Outbreak, Complaint)		Establishment Number:	
Amount in Lot before Sampling:			
Description of Sample (Code No. if any), & Method of Collection:			
Mail Report To:		Address:	Zip:
Collector Remarks: (Note if submitted by someone other than the collector)			
Collector Signature:		Submitter Signature (when applicable):	
Requested Laboratory Analysis: <input type="checkbox"/> Bacteriological <input type="checkbox"/> Chemical <input type="checkbox"/> Other			
<input type="checkbox"/> Aerobic Plate Count	<input type="checkbox"/> Staph aureus	<input type="checkbox"/> Count	<input type="checkbox"/> Toxin
<input type="checkbox"/> Coliform Count	<input type="checkbox"/> Bacillus cereus	<input type="checkbox"/> Count	<input type="checkbox"/> Toxin
<input type="checkbox"/> Enterobacteriaceae Count	<input type="checkbox"/> Clostridium perfringens	Count	
<input type="checkbox"/> E. coli Count	<input type="checkbox"/> Campylobacter species	<input type="checkbox"/> Salmonella species	<input type="checkbox"/> Pesticide Residue
<input type="checkbox"/> Mold & Yeast Count	<input type="checkbox"/> Listeria species	<input type="checkbox"/> Shigella species	<input type="checkbox"/> Trace Metals (Water)
		<input type="checkbox"/> E. coli O157: H7	Specify Metal(s):
		<input type="checkbox"/> Non- O157 STEC	<input type="checkbox"/> Other (Describe)
		Specify:	
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
	Print Name	Print Name	<input type="checkbox"/> Storage (unit #) _____
	Signature	Signature	<input type="checkbox"/> Testing
	Print Name	Print Name	
Lab Accession # _____			
State Seal Attached? <input type="checkbox"/> Intact <input type="checkbox"/> Broken <input type="checkbox"/> None Sample and Package Condition: <input type="checkbox"/> Good <input type="checkbox"/> Other _____			
Sample Received: <input type="checkbox"/> Refrigerated <input type="checkbox"/> Frozen <input type="checkbox"/> Other (Describe) _____ Received Temperature: _____			
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 217.650 to 217.710 KY Hazardous Substances Labeling Act; <input type="checkbox"/> KRS 217C KY Milk and Milk Products Act; <input type="checkbox"/> KRS 152.105 to 152.190 Regulates Use and Control of Radiation.			
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