



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.: _____ **Sample Procured From:** _____
(Name and Title) _____ SI#: _____ 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

Chemical **Other (Describe):**
 Mercury in Fish Pesticide Residue TOX 1 Trace Metals (Water) Specify Metal(s): _____

Bacteriological **Other (Describe):**
 Aerobic Plate Count Staph aureus Count Toxin Salmonella species
 Coliform Count Bacillus cereus Count Toxin Shigella species
 Clostridium perfringens Count Cronobacter sp. E. coli O157: H7
 E. coli Count Campylobacter species Non- O157 STEC
 Mold & Yeast Count Listeria species Specify: _____

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
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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):

- KRS 217.801 Lead Based Paint Law; KRS 217.005 to 217.215 KY Food, Drug, & Cosmetic Act;
- KRS 217C KY Milk and Milk Products Act; KRS 217.650 to 217.710 KY Hazardous Substances Labeling Act;
- KRS 152.105 to 152.190 Regulates Use and Control of Radiation; KRS Chapter 260.765-260.772 Produce Safety

Sample Considered: Adulterated Misbranded Other

Further Regulatory Action: Resample Reinspect Official Action Other

Signature _____ Title _____ Agency _____ Date _____

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

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Form 50-Food 504
 Revision 000-October 2023



Kentucky Public Health
 Prevent. Promote. Protect.

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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: _____