

# **Appendix E: Collection and Submission of Food Samples**

- 1) Collection and Submission of Food Sample for  
Bacteriological Examination**
- 2) Lab Form 504**

## Collection and Submission of Food Sample for Bacteriological Examination

### Collection and Submission of Food Sample for Bacteriological Examination



**Kentucky Public Health**  
Prevent. Promote. Protect.

#### Supplies Needed for Food Sample Collection



1— Food Collection Kit



1—Submission Form  
LAB 504



1—State Seal

#### Collection



1

1. Select food to be sampled.
2. Obtain a minimum of 100 grams (3.5 oz) using the aseptic scoops, knife or tongue depressors provided in the food collection kit or, intact unopened containers.



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2

3. If the sample is not in the original container, transfer to a sterile four ounce sampling bottle, whirl-pak bag or sample bag.
4. Identify sample source on sample form (LAB 504).
5. Seal with official seal. Pack in leak proof container, when in doubt refrigerate sample during transport. Use freezer packs or dry ice. Frozen samples should be kept frozen.



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6. Fill out the submission form for each sample (LAB 504). Authorized Collector and Sanitarian ID, Date and Time of Collection, Owner/Occupant, County, and Submitter ID must be on the submission form.



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7. Place sample and completed food sample form in styrofoam mailable cooler or other type of mailable package.
8. Remove backing from mailing label and affix to cooler or package.
9. 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.
10. Ship or transport food samples overnight/next day.



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10/2013

If you have any questions about collection or submission of food samples, contact the Kentucky Division of Laboratory Services at (502) 564-4448.

**COLLECTION AND SUBMISSION OF FOOD SAMPLES**

**Lab Form 504**

Lab form 504 (Rev. 01-2012)

Sample Collection Data and Analysis Report  
 Kentucky Cabinet for Health and Family Services, Department for Public Health  
 Division of Laboratory Services  
 100 Sower Blvd., North Loading Dock, P.O. Box 2020  
 Frankfort, Kentucky 40602-2020  
 Phone: 502/564-4446 Fax: 502/564-7019  
 Stephanie K. Mayfield Gibson, MD, FCAP, Director

*Please complete a separate form for each sample submitted.*

Sample No.:		Date Collected:	Cost of Sample:
Collector/ Health Dept.: (Name and Title)		Sample Procured From: (Signature)	
Reason for Collection:		Establishment Number:	
Amount in Lot before Sampling:			
Description of Sample (Code No. if any), & Method of Collection:			
Mail Report To:	Address:	Zip:	
Manufacturer/ Health Dept.:	Address:	Zip:	
Other (Name):	Address:	Zip:	
Collector Remarks:			
Collector Signature:	Delivery Method:	Released Date:	Time:
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"/> Salmonella species	<input type="checkbox"/> Pesticide Residue
<input type="checkbox"/> Coliform Count	<input type="checkbox"/> Bacillus cereus <input type="checkbox"/> Count <input type="checkbox"/> Toxin	<input type="checkbox"/> Shigella species	<input type="checkbox"/> Trace Metals (Water)
<input type="checkbox"/> Enterobacteriaceae Count	<input type="checkbox"/> Clostridium perfringens Count	<input type="checkbox"/> E. coli O157: H7	Specify Metal(s):
<input type="checkbox"/> E. coli Count	<input type="checkbox"/> Campylobacter species	<input type="checkbox"/> Non- O157 STEC	<input type="checkbox"/> Other (Describe)
<input type="checkbox"/> Mold & Yeast Count	<input type="checkbox"/> Listeria species	Specify:	
<b>Laboratory Receiving Record</b> (This block to be completed upon receipt in the laboratory)			
Lab Received:	Date	Time	By: Initials
			Lab ID No(s)
			Delivered by: Method
			From: Signature of Submitter if hand delivered
State Seal Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		Sample Received: <input type="checkbox"/> Refrigerated <input type="checkbox"/> Frozen <input type="checkbox"/> Other (Describe)	
Report of Laboratory Analysis:			
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 217.850 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