

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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 Frankfort, Kentucky 40601
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Kentucky Public Health
 Prevent. Promote. Protect.

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:		Establishment Number:	
Amount in Lot before Sampling:			
Description of Sample (Code No. if any), & Method of Collection:			
Mail Report To:		Address:	Zip:
Collector Remarks:			
Collector Signature:			
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:	

Laboratory Receiving Record **Lab Accession #** _____

DATE/ TIME	RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE
	Signature	Signature	Sample placed in _____ unit for storage.
	Print Name	Print Name	
	Signature	Signature	
	Print Name	Print Name	

State Seal Attached? Intact Broken None Sample and Package Condition: Good Other _____
 Sample Received: Refrigerated Frozen Other (Describe) _____ Received Temperature: _____

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 217.650 to 217.710 KY Hazardous Substances Labeling Act; KRS 217C KY Milk and Milk Products Act; KRS 152.105 to 152.190 Regulates Use and Control of Radiation.
 Sample Considered: Adulterated Misbranded Other
 Further Regulatory Action: Resample Reinspect Official Action Other

Signature _____ Title _____ Agency _____ Date _____

