



Ohio Department of Health Laboratory
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Food Sample Submission Form

Note: Fields marked with an asterisk (*) must be completed. Please print.

Section 1: Source Information

Place Collected*	Private Residence	Restaurant	Institution	Other- Specify: _____
Address				County
City	State		Zip	

Section 2: Submitter Information

Agency*			Contact* Name
Address			Fax* Number
City	State	Zip	Phone* Number

Section 3: Sample Information (Complete all that apply)

Collection* Date	Collection* Time	ODH* Outbreak#	Submitter* Sample ID#
Sample* Description			
If submitted in original packaging, indicate:	Manufacturer	Lot#	
	Brand	Expiration/Best If Used By Date	

Section 4: Exam Requested **ODH approval required prior to submission; Contact 614-995-5599

<i>Bacillus cereus</i>	<i>Escherichia coli</i> (STEC)	<i>Shigella</i>	Other- Specify:
<i>Campylobacter</i>	Fecal Coliform Count	Staphylococcal Entererotoxin	
<i>Clostridium botulinum</i>	<i>Listeria monocytogenes</i>	<i>Vibrio</i>	
<i>Clostridium perfringens</i>	<i>Salmonella</i>	<i>Yersinia</i>	

Comments:

For Use by the Ohio Department of Health Laboratory Only

Date Received	Date Reported	Fee Due MI	Exemption
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ODH LAB ID