



Please write clearly in black ink

Food Samples/Cultures

Histamine, Bacillus sp., C.botulinum, C. perfringens, Listeria sp. and S. aureus

Food Safety Microbiology Laboratory
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www.hpa.org.uk/SRMTests

HPA Colindale
Cfl (FSML)
DX 6530007
Colindale NW

SENDER'S INFORMATION

Sender's name and address

Purchase order number

Project code

HPA outbreak/investigation

ILog no

Postcode

Phone

Ext

SAMPLE INFORMATION

Your reference

Please state the presumptive identification

Sample Type

 Isolate from food *(please specify)* Isolate from environment *(please specify)* Food *(please specify)*

Date of collection

| D | D | M | M | Y | Y | Time

Date sent to HPA

| D | D | M | M | Y | Y |

Priority status

Food details

 Remnant Same Batch Raw Cooked Fresh Frozen Canned open Canned unopened Other packaging *(please specify)*

Condition of packaging

Brand

Best before/use by

| D | D | M | M | Y | Y |

Canning code

Barcode

Date of manufacture

| D | D | M | M | Y | Y |

Storage temperature

Batch/lot number

Country of origin

Sampling Officer

Contact phone/fax/email

EHO Address *(if different from sender's address)*

Tag Number

EHO sender's reference number

Temperature on sampling

Storage and transport conditions

Sampling point

Place of sampling

TESTS REQUESTED

	Toxin/Gene detection	Isolation	Identification	Typing		Toxin/Gene detection	Isolation	Identification	Typing
Bacillus sp*			<input type="checkbox"/>		Histamine (Scombrototoxin)	<input type="checkbox"/>			
B. cereus*			<input type="checkbox"/>	<input type="checkbox"/>	Listeria sp*			<input type="checkbox"/>	<input type="checkbox"/>
C. botulinum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		S. aureus*	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
C. perfringens*			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other <i>(please specify, these may not be UKAS accredited; contact laboratory)</i>				

* Note: Not UKAS accredited

SENDER'S LABORATORY RESULTS

Organism count (cfu/g)

Other information

CLINICAL/EPIDEMIOLOGICAL INFORMATION

 Diarrhoea Vomiting Headache Abdominal pain Nausea Encephalitis Fever Rash Flushing Meningitis Septacemia

Other including neurological

Date of onset

| D | D | M | M | Y | Y |

Onset time

am/pm

Duration of symptoms

Number symptomatic

Number exposed

OTHER COMMENTS