

MICROBIOLOGY GENERAL SERVICE SAMPLE SUBMISSION FORM

Unified State Lab - Utah Department of Agriculture and Food
 4451 South 2700 West Taylorsville, 3rd Floor, UT 84129-8600
 (801) 816-3840 | udaflabs@utah.gov

SUBMITTING AGENCY/CUSTOMER INFORMATION	BILLING INFORMATION
Reporting/Contact Information	<input type="checkbox"/> Same as Reporting Information
Attn: _____	Attn: _____
Address: _____ _____	Address: _____ _____
E-mail: _____	E-mail: _____
Phone: _____	Phone: _____

SAMPLE INFORMATION	
Sample description (include as much information as possible):	Sample collection date:
	Sample collection time:

TESTING REQUESTED	
Dairy Testing *Required - keep samples refrigerated between 0.0 - 4.5°C (32 to 40°F) *Required - circle sample source: retail / farm / plant / other (specify): <input type="checkbox"/> Antibiotics screen <input type="checkbox"/> Pasteurization efficiency <input type="checkbox"/> Antibiotics confirmation test <input type="checkbox"/> Electronic Somatic Cell Count (ESCC) <input type="checkbox"/> Bacteria count <input type="checkbox"/> Water E.coli/Coliform test <input type="checkbox"/> Coliform count <input type="checkbox"/> Other (specify): _____	Pathogen Testing *Required - keep samples refrigerated between 0.0 - 15°C (32 to 59°F) <input type="checkbox"/> Salmonella screen <input type="checkbox"/> E.coli O157:H7 screen <input type="checkbox"/> Salmonella confirmation test <input type="checkbox"/> E.coli O157:H7 confirmation test <input type="checkbox"/> Listeria screen <input type="checkbox"/> STEC screen <input type="checkbox"/> Listeria confirmation test <input type="checkbox"/> STEC confirmation test

By signing below, I confirm the accuracy and the completeness of the information provided, and acknowledge the associated costs for the testing requested.

Submitted by: _____	Signature: _____	Date: _____
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For UDAF Lab use only:	
<input type="checkbox"/> Hand Delivered OR	Received Time/Date: _____
<input type="checkbox"/> Shipped via Carrier: _____	Received Temp (if required): _____
Comments: _____	Received By: _____