

ACCESSION FORM - FOOD SAFETY

AHFSL USE ONLY

Avian Health and Food Safety Laboratory
Washington Animal Disease Diagnostic Laboratory
 College of Veterinary Medicine, Washington State University
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Owner / Submitter:		
Street:		
City:	State:	Zip:
Phone:	Fax:	
E-mail:	Date Shipped:	

Please fill out appropriate section below as completely as possible. Use ink and print clearly.

TEST(S) REQUESTED															
For Lab use only	Sample identification	Counts				Salmonella		Listeria		Shiga Toxin coli		E.	pH	Water Activity	<i>Must call ahead for:</i> <input type="checkbox"/> Enterobacteriaceae counts <input type="checkbox"/> <i>Staph. aureus</i> counts <input type="checkbox"/> Aqua coliform counts <input type="checkbox"/> <i>Campylobacter</i> detection <input type="checkbox"/> <i>Bacillus cereus</i> detection <input type="checkbox"/> Other _____
		Total bacteria (APC)	Coliforms	High sensitivity Coliforms	E. coli	Yeast / mold	Standard (25g)	375g Meat/food or 100g Egg Product	L. mono (Food)	Listeria sp. (Environmental)	Robust O157 (375g, N-60)	Standard O157 (25g)			

Submitter Signature: _____ Date: _____

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