



State Laboratories Division
 2725 Waimano Home Road
 Pearl City, HI 96782
 Phone: 808.453.5954
 Fax: 808.453-5999

SLD Use Only Date/Time Received _____
 Hawaii Maven ID _____
 Outbreak # _____

SAMPLE SUBMISSION FORM

(Non-clinical samples for microbial or chemical analysis)

Sample No.	Laboratory No.	Description (For food specimens, include date prepared and condition, e.g., frozen, refrigerated, etc., brand name, lot #s)	Collected Date & By	Results
			_ / _ / _	
			_ / _ / _	
			_ / _ / _	
			_ / _ / _	
			_ / _ / _	

Chain of Custody: Persons relinquishing and receiving evidence must provide their signature, organization and date/time to document evidence transfers. (Start with Box Number 1 below)

Relinquished by (Submitter)	Organization	Date/Time	Received by	Organization	Date/Time
1. Signature: Print Name:			Signature: Print Name: Sealed: <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Signature: Print Name:			Signature: Print Name: Sealed: <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Signature: Print Name:			Signature: Print Name: Sealed: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Condition of sample(s) upon receipt in the laboratory:

Reason for Collection () Suspected foodborne illness () Routine surveillance () Consumer Complaint () Outbreak () Other

Analysis Requested () *E. coli* O157 () *Shigella* spp. () *Vibrio* spp. () *Staphylococcus aureus* () *Bacillus cereus* () *Salmonella* spp. () *L. monocytogenes* () Histamine
 Other _____

Sample Storage Instruction

() Store at Room temperature upon arrival () Refrigerate upon arrival () Freeze upon arrival

All Samples will be discarded after testing unless/otherwise indicated below:

() Retain Samples until _____ () Return Samples to _____

Reported by: _____ Date ___ / ___ / ___ Audited by: _____ Date ___ / ___ / ___

Branch/Program Chief: _____ Date ___ / ___ / ___ Laboratory Administrator: _____ Date ___ / ___ / ___