

Food Bacteriology Requisition

Grey Area for Laboratory Use Only				
PHOL	Date Received	Time	Temperature (°C)	Initials
Receiving Lab	YY / MM / DD			
Testing Lab	YY / MM / DD			

1. Submitter (stamps are permitted)

2. Sample Collection (complete and check (✓) applicable boxes)

Public Health Unit #: _____ Name/Address: _____ _____ Collected by: _____ Office Phone #: _____ Cell Phone #: _____	Date & Time of Collection: YY / MM / DD ____ : ____ AM / PM Place of Preparation: <input type="checkbox"/> Home <input type="checkbox"/> Food Premise <input type="checkbox"/> Other Name: _____ Address: _____ Place of Eating: <input type="checkbox"/> Same as Place of Preparation Name: _____ Address: _____ Date & Time of Eating: YY / MM / DD ____ : ____ AM / PM
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3. Reason for Test Request (if illness proceed to A. or if no illness, proceed to B.)

<input type="checkbox"/> A. ILLNESS (check (✓) only one sample type and record additional details if available) Type: <input type="checkbox"/> Part of Meal <input type="checkbox"/> Control <input type="checkbox"/> Follow-up (after remedial action) <input type="checkbox"/> Outbreak #: _____ <input type="checkbox"/> Investigation #: _____ <input type="checkbox"/> Confirmed Etiological Agent: _____ <input type="checkbox"/> iPHIS Case ID #: _____ Symptoms: (check (✓) applicable boxes) <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Diarrhea <input type="checkbox"/> Fever <input type="checkbox"/> Diarrhea (bloody) <input type="checkbox"/> Nausea <input type="checkbox"/> Diarrhea (watery) <input type="checkbox"/> Vomiting <input type="checkbox"/> Other _____ Date of Symptom Onset: YY / MM / DD Time of Symptom Onset: ____ : ____ AM / PM Suspected Incubation Period: ____ Hours or ____ Days Number Presumed Ill: ____ At Risk: ____	<input type="checkbox"/> B. NO ILLNESS (check (✓) applicable box) <input type="checkbox"/> Complaint <input type="checkbox"/> Part of Meal <input type="checkbox"/> Control <input type="checkbox"/> Follow-up (after remedial action) <input type="checkbox"/> HACCP <input type="checkbox"/> Routine Surveillance
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4. Sample Details (record common name and check (✓) all applicable columns)

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Sender's Number	Common Name <i>*If a commercial packaged product has been submitted record product information such as brand name, lot number, best before date, expiry date, use by date, Universal Product Code (UPC), unit size, non-intact (open) and intact (closed). Use the Comments box if additional space is needed.</i>	Raw	Cooked	Ready-to-Eat	Frozen	Refrigerated	Shelf-Stable	PHOL Sample Number		
								PHOL Receiving Lab Condition	PHOL Testing Lab Condition	

Comments:

Instructions for the Submission of Food Samples for Testing

Refer to the Public Health Inspector's Guide to Environmental Microbiology Laboratory Testing, for additional collection information. Submit 200 grams of sample when possible as multiple analyses may be required. **Submit all food samples to the closest PHO Laboratory as soon as possible after collection.**

1. Submitter Information:

- All fields are mandatory. If there are any questions about food testing, please contact the customer service centre at 416-235-6556 or toll free 1-877-604-4567.

2. Sample Collection:

- Complete fields and check all applicable boxes. Address information should include street, rural route (if applicable), city, province and postal code.
- Sterile plastic sample bags with round wire closure are the preferred sample container for all food types. Food samples found in the original container can be submitted in the original packaging provided that the container is air-tight and will not leak during transit.
- If the original container has been opened or if the packaging is fragile and may be damaged during transit, samples should be transferred from the original container to a sterile plastic sample bag with round wire closure.

*Styrofoam and box board packaging used for fast-food products are examples of containers that are **not suitable** for bacteriological sampling. They are not air tight and may leak causing cross contamination of samples and/or external contamination into the sample. These containers **should not** be put inside a sterile sample bag with round wire closure since the outside surfaces will be contaminated by handling and the sample may be compromised in transit.

3. Reason for Test Request:

- Complete either section A, for Illness, or section B, for No Illness, and all applicable areas within the section. Illness includes both the presentation of symptoms with or without confirmed etiological agent. If illness, select only one sample type. If no illness, choose only complaint, HACCP or Routine Surveillance. If complaint has been selected, select only one sub-type.

4. Sample Details:

- Sender's Number – a unique identifier used to designate samples must be present on the sample bag and on the requisition to prevent mismatching of samples.
- Record common name and check (✓) all applicable columns in order to indicate the collection state of the food sample.

*If a commercial packaged product has been submitted, record product information in the event of a product recall such as brand name, lot number, best before date, expiry date, use by date, Universal Product Code (UPC), unit size, non-intact (open) and intact (closed). Use the Comments box if additional space is needed. Photographs of all six sides may be taken and maintained by Health Inspector to capture this information at the time of sample collection. Photographs should not be submitted to the laboratory.

5. Shipping Instructions:

- Ship all foods in containers with hard walls and lids secured in the closed position.
- Shipping containers must be labelled with the submitting organization, unique identifier and contents e.g. FOOD SAMPLES on the outside of the container. (DO NOT SHIP WITH CLINICAL SAMPLES) Shipping containers used for food samples should be dedicated to food samples and not be used for other types of environmental samples.
- Ship dry foods and other shelf stable foods in a closed container at ambient temperature.
- Ship frozen foods in an insulated container with sufficient ice packs to maintain the frozen state.
- Ship perishable foods in an insulated container with sufficient ice packs to maintain a temperature as close to 4°C as possible. If ice is used, contain the ice in a manner that does not allow water contact with the samples.

Public Health Ontario Laboratory

Customer Service Centre

7:30 am - 7:00 pm, Monday to Friday

8:00 am - 3:45 pm, Saturday

tel: 416.235.6556

toll free: 1.877.604.4567

fax: 416.235.6552

email: customerservicecentre@oahpp.ca

Emergency After-Hours Duty Officer

tel: 416.605.3113

website: www.publichealthontario.ca