

**FOOD SAFETY LABORATORY SERVICE  
SAMPLE SUBMISSION FORM**

Veterinary Food Safety  
Laboratory,  
Cork County Council,  
Inniscarra,  
Co. Cork. P31 HC92  
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Website: [www.corkcoco.ie](http://www.corkcoco.ie)

Please complete in BLOCK CAPITALS  
One form per single sample, n=5 batch or up to six swabs  
(Note: swab locations to be entered under sampling comments)

Sampling Officer: _____ Sampling Officer Area: _____ Contact No.: _____ Establishment Name: _____ Establishment Address: _____ _____ Establishment Code [E.U. Approval/ Reg. No.]: _____ Report To (name & address): _____ _____ Business Type: _____ Survey Reference: _____ Sampling Batch No.(i.e. JB070120): _____ <b>Note: Sampling Batch to be completed for n=5 samples, using initials followed by date. Max. 10 characters. The 'Sampling Batch No.' and 'Officer Sample Ref. No' sections must be linked.</b> Sampling Date (dd/mm/yy): ___/___/___ Time of Sampling: _____	<b>Officer Sample Ref. No.:</b> (i.e. JB070120-1 JB070120-2 etc)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Laboratory Use Only</th> </tr> <tr> <td style="width:50%;">Lab Sample Ref. No.:</td> <td style="width:50%;">Seal Ref. No.:</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	Laboratory Use Only		Lab Sample Ref. No.:	Seal Ref. No.:																											
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**SAMPLE DETAILS – FOOD/ENVIRONMENTAL**

Sample Description: _____ _____ Test No/Test Required (see Appendices 1 & 2): _____ Manufacturer: _____ Brand Name: _____ Pack Wt. _____ EU Category(1-21): ___ Production Batch No.: _____ Best Before (dd/mm/yy): ___/___/___ Use by Date (dd/mm/yy): ___/___/___ Country of Origin: _____ <b>Sample &gt;100g: Yes <input type="checkbox"/></b>	<b>Animal Origin</b> Bovine <input type="checkbox"/> Ovine <input type="checkbox"/> Porcine <input type="checkbox"/> Caprine <input type="checkbox"/> Equine <input type="checkbox"/> Poultry <input type="checkbox"/> Game <input type="checkbox"/> <b>Packaging</b> (at sample site): Loose <input type="checkbox"/> Vac-packed <input type="checkbox"/> MAP <input type="checkbox"/> Canned <input type="checkbox"/> Bottled <input type="checkbox"/> Packed <input type="checkbox"/>	<b>Processing:</b> Smoked <input type="checkbox"/> Salted <input type="checkbox"/> Fermented <input type="checkbox"/> Preserved <input type="checkbox"/> Minced <input type="checkbox"/> Cut <input type="checkbox"/> Other(Please specify) <input type="checkbox"/> _____ <b>RTE Status:</b> Ready to Eat <input type="checkbox"/> Not Ready to Eat <input type="checkbox"/>	<b>Cooked Status:</b> Cook/Chill <input type="checkbox"/> Cooked <input type="checkbox"/> Partially Cooked (incl. flash fried) <input type="checkbox"/> Raw <input type="checkbox"/> Mixed cooked & raw <input type="checkbox"/> Re-heated <input type="checkbox"/> Pasteurised <input type="checkbox"/> Sterilised <input type="checkbox"/> Not applicable <input type="checkbox"/>
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**SAMPLE DETAILS – UNPACKAGED WATER**

Sample Description: _____ _____ Test No./Test Required (see Appendix 2): _____ <b>Water Source:</b> Public Water Supply <input type="checkbox"/> Private Water Supply <input type="checkbox"/> Group Water Scheme <input type="checkbox"/> Other <input type="checkbox"/>	<b>Water Use</b> (tick one only): Potable water <input type="checkbox"/> Food Ingredient <input type="checkbox"/> Cleaning/Sanitisation <input type="checkbox"/> Food Ingredient/Potable/Cleaning/Sanitisation <input type="checkbox"/> Food Ingredient/Potable <input type="checkbox"/> Food Ingredient/ Cleaning/Sanitisation <input type="checkbox"/> Potable/Cleaning/Sanitisation <input type="checkbox"/> Marine Water for handling/washing/chilling <input type="checkbox"/> Marine Water for revitalisation of LBM <input type="checkbox"/>	<b>Water Sample Type</b> Chlorinated <input type="checkbox"/> UV-treated <input type="checkbox"/> Untreated <input type="checkbox"/> <b>Sample &gt;200ml: Yes <input type="checkbox"/></b>
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SAMPLING COMMENTS – SAMPLING OFFICER			
I confirm that the above samples have been taken as per the relevant legislation: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Signature: _____		Date: _____	
SAMPLE RECEIPT – LABORATORY (Laboratory Use Only)			
<b>Condition of sample on receipt:</b> Acceptable <input type="checkbox"/> Unacceptable <input type="checkbox"/> (comments) _____ _____	<b>Sample sealed:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>  <b>Seal Number:</b> _____  <b>Temp. on receipt:</b> _____ °C	<b>Transported by:</b> Courier/Taxi <input type="checkbox"/> By Hand <input type="checkbox"/> Post <input type="checkbox"/> Other <input type="checkbox"/>  Person who submitted sample: _____	<b>Received in lab by:</b> _____  <b>Date (dd/mm/yy):</b> ___/___/___  <b>Time:</b> _____
<b>LABORATORY COMMENTS</b>			

**Appendix 1:** Food Categories in Appendix 1 are extracts from Commission Regulation (EC) 2073/2005

Test Suite No.	FOOD CATEGORY	MICRO-ORGANISMS
TS-1.1	Ready-to-eat foods intended for infants and ready-to-eat foods for special medical purposes	<i>Listeria monocytogenes</i> *
TS-1.2	Ready-to-eat foods able to support the growth of <i>L. monocytogenes</i> , other than those intended for infants and for special medical purposes	<i>Listeria monocytogenes</i> *
TS-1.3	Ready-to-eat foods unable to support the growth of <i>L. monocytogenes</i> , other than those intended for infants and for special medical purposes	<i>Listeria monocytogenes</i> *
TS-12	2.1.1 & 2.1.3 Carcasses of cattle, sheep, goats and horses	Aerobic Colony Count Enterobacteriaceae <i>Salmonella</i>
TS-13	2.1.4 Carcasses of pigs	<i>Salmonella</i>
TS-14	1.5 & 1.6 & 2.1.8 Meat preparations	<i>E. coli</i> <i>Salmonella</i>
TS-15	1.5 & 1.6 & 2.1.6 Minced meat	Aerobic Colony Count <i>E. coli</i> <i>Salmonella</i>
TS-16	2.1.5 Poultry carcasses of broilers and turkeys	<i>Salmonella</i> <i>Campylobacter</i> Enumeration

\*samples may be examined for extra tests as per FSAI Guidance Note 3.

**Appendix 2:** Test Suites in Appendix 2 are only available on prior agreement with the laboratory

Test Suite No.	SAMPLE TYPE	MICRO-ORGANISMS
TS-7	Non Routine/Investigation	To be agreed with the laboratory
TS-8	Environmental Swabs	<i>Salmonella</i>
TS-9	Water (Potable/Environmental)	<i>Escherichia coli</i> Enterococci
TS-17	Water (Marine)	
TS-10	Water (Potable)	<i>Escherichia coli</i> O157 <i>Escherichia coli</i> O26
TS-11	Environmental Swabs	<i>Listeria</i>