

Indiana Department of Health Sample Collection Form

Date: _____ **Case ID# or Sample#** _____
Time: _____ **SUB:** _____

Sample Provided By:

Person or Firm:
Address of Sample Location:

Sample Collected By:

Person and/or Agency:

Sample Information:

Detailed Description:
Lot#
Best By, Expiration, Etc.:
Size/Amount Sampled:
UPC:
Manufacturer/Distributor:
Country of Origin:
Temperature at Collection:
Sample Container Type:

Whirl-Pak

Other:

Purpose:

Surveillance
Compliance
Complaint
Investigation/Traceback
Other:

Analysis Requested:

Salmonella
E. coli.
Listeria
Lead
Other

Collected Using Sterile Supplies:	Yes	No
Tamper Seal Applied:	Yes	No
Photos Taken:	Yes	No
Records Collected:	Yes	No

Useful Links:

[ICS Just in Time](#)

[NEARS](#)

<https://www.in.gov/health/food-protection/food-emergency-response/emergency-response/>