

**FOOD HYGIENE LABORATORY
 REQUEST FORM - FOODS**



Accreditation No. 2858

Company Name		Sender's Comments (Additional space provided on back)	Purpose of Investigation <input type="checkbox"/> Food Complaint <input type="checkbox"/> Food Poisoning <input type="checkbox"/> Routine Monitoring Other _____
Address			
Date collected		Additional Report - if required please write name and fax number or email address below. _____ _____	Survey Code
Order No.	Sampled by		NATA Accredited Report Required (please tick)..... <input type="checkbox"/>

Laboratory Number (LAB USE ONLY)	Sender's Number	Food Type (include lot numbers)	Brand	Use by Date	Date of Manufacture	Temp (°C)

Date and Time Received	By	Temperature	Report Type Authorised By Date	Faxed / Emailed
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FOOD POISONING INCIDENT REPORT

Number persons affected:

Date / time food consumed:

Number persons at risk:

Date / time onset of illness:

Symptoms:

Diarrhoea

Stomach Cramps

Rash

Fever

Vomiting

Other (specify):

All foods consumed 48 hours prior to onset:

Additional Sender's Comments: