

Packing Station Hygiene Submission Form

Please ensure that this form is completed fully and accurately. Missing, erroneous or incomplete data may result in delays in sending final reports. Samples must be sent in full compliance with the relevant postal regulations. Samples must be received at the laboratory in a timely manner to allow testing to begin within 4 days of sampling, if this is not possible a repeat sample will be required.

Please ensure each swab is clearly labelled with the area swabbed.

Packing station name and address:	
Tel:	Fax:
E-mail:	

Tests Required (Please Tick)	
TVC	
TVC and presumptive Enterobacteriaceae	
<i>Salmonella</i>	
<i>Other (please specify)</i>	

Additional Information:

Date of sampling	
Time of sampling	

Sampled by	
Sign	

Sample Information:

Area Swabbed - Please Specify	Lab Use Only
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	

Laboratory Use Only			
Date of Receipt:	RFN:	R:	QC:
No of Samples:	Databased:	Final report sent:	
Booked in By:	BB Ref Range:		