

ACCESSION FORM - FOOD SAFETY

Mailing and Shipping address:
2607 West Pioneer
Puyallup, WA. 98371-4990

Avian Health and Food Safety Laboratory
Washington Animal Disease Diagnostic Laboratory
College of Veterinary Medicine, Washington State University
Web Site: http://www.vetmed.wsu.edu/depts_waddl/

Phone: 253-445-4537
Fax: 253-445-4544

Please type of use ink and print clearly.

(AHFSL OWNER CLIENT # _____)		
Owner / Submitter:		
Street:		
City:	State:	Zip:
Phone:	Fax	
E-mail		
Date Shipped:		

AHFSL USE ONLY

Please fill out appropriate section below as completely as possible:

TEST(S) REQUESTED														
Sample Description (i.e. sponge, swab, meat)	Sample Identification	Listeria	Salmonella	Total Bacterial Count	E. coli			Total Coliform Count	pH	Bacillus cereus	Yeast / Mold Count	Campylobacter	Water Activity	Other:
					Count	Standard 0157:H7	Robust 0157:H7							

Submitter Signature: _____
X