



FOOD SAFETY TESTING SUBMISSION FORM

Animal Health Laboratory
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 www.novascotia.ca/agriculture-labs

Accession Number:

(LAB USE ONLY)

***Submitter Information**

Owner _____ Address _____ Email _____
 Producer/Plant Name _____ Phone/Fax No. _____
 Food Safety Inspector _____ Other (Name/Email) _____

Billing To: Owner Dept. of Environment Other

Report To: Owner **Food Safety Program Officer** Other _____

Minimum weight required for testing: **Ideal specimen temperature: 2 to 8°C**
 Salmonella 50g
 E.coli/Coliforms 25g
 Staphylococcus aureus 25g

***Specimen/Test Information**

Date Submitted:		Date Sampled:			Lab Use Only	
Specimen Type	Product Code/ Production Date	Specimen Identification	Test(s) Requested	No. Sent	No. Recd	Temp on Arrival
			E.coli/Coliform <input type="checkbox"/>			
			S.aureus <input type="checkbox"/>			
			Salmonella <input type="checkbox"/>			
			E.coli/Coliform <input type="checkbox"/>			
			S.aureus <input type="checkbox"/>			
			Salmonella <input type="checkbox"/>			
			E.coli/Coliform <input type="checkbox"/>			
			S.aureus <input type="checkbox"/>			
			Salmonella <input type="checkbox"/>			
			E.coli/Coliform <input type="checkbox"/>			
			S.aureus <input type="checkbox"/>			
			Salmonella <input type="checkbox"/>			

Date Received: _____ **Received By:** _____ **Case Coordinator:** _____

Note: The laboratory does not prepare composite or pooled specimens for testing. Each individual specimen or package submitted is tested and reported as an individual test result.

Results derived from testing may be used for statistical surveillance of animal health in Nova Scotia. Laboratory Services complies with the Federal Health of Animals Act. Laboratory Services will make all reasonable efforts to keep personal information confidential and not disclose personal identifiers.

*** = Required Information**