



ProvLab Food Sample Submission

Accession # *(lab only)*

Food samples must be associated with human case(s) or investigation(s) related to human infection AND submitted by a Medical Officer of Health (MOH) or designate (PHI, EHO).

General Test Ordering and Specimen Collection Information - Food Samples (albertahealthservices.ca)

Once completed send the sample and requisition to:

Calgary Site

3030 Hospital Drive NW
Calgary, AB T2N 4W4
Phone 403.944.1200 Fax 403.270.2216

Edmonton Site

Room 2B3.02 WMC University of Alberta Hospital
8440-112 Street, Edmonton, AB T6G 2J2
Phone 780.407.7121 Fax 780.407.3864

Collection Location	Sample Collection Location <i>(e.g. if from private home, write name of family; if from establishment, write name of restaurant)</i>			Sample Collection Address	
				City/Town	
				Province	Postal Code
				Phone	
Submitter	Submitter Name and CC ID <i>(MOH or Designate)</i>			Copy to MOH <i>(Submitter Name and CC ID)</i>	
	Location/Facility/Address			Location/Facility/Address	
	City	Postal Code		City	Postal Code
	Phone	Fax		Phone	Fax
	Please indicate EI # <i>(if applicable)</i> as YYYY - # <i>(year - number given)</i>				
Collection	Collection Date <i>(dd-Mon-yyyy)</i>	Time <i>(24 hr)</i>	Collector ID	Storage details at time of collection <input type="checkbox"/> Refrigerated <input type="checkbox"/> Frozen <input type="checkbox"/> Room Temp	
	Sample Type/Description <i>(e.g. chicken, pizza, dog treat)</i>			Original Sample Source <i>(If from private home, write name of restaurant/facility)</i>	
	Brand Name and Best Before Date <i>(dd-Mon-yyyy)</i>			Expiry Date <i>(dd-Mon-yyyy)</i>	Lot Number
Clinical Diagnosis	<input type="checkbox"/> Abdominal cramps <input type="checkbox"/> Fever <input type="checkbox"/> Chills <input type="checkbox"/> Nausea <input type="checkbox"/> Diarrhea <input type="checkbox"/> Vomiting <input type="checkbox"/> Bloody Diarrhea <input type="checkbox"/> Other _____			Number of people ill	Incubation Period
	Date of Onset <i>(dd-Mon-yyyy)</i>			Suspect Agent	
Test Request(s)	Contact ProvLab Bacteriology prior to submission of samples (403-944-1214) <input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Aerobic Plate Count (APC)				
	<input type="checkbox"/> Food Poisoning Organisms <i>(B. cereus, C. perfringens, S. aureus)</i>				
	<input type="checkbox"/> Campylobacter <input type="checkbox"/> Vibrio <input type="checkbox"/> Salmonella <input type="checkbox"/> Shiga toxin-producing (STEC) <input type="checkbox"/> E. coli O157 <input type="checkbox"/> STEC (Non-O157) <input type="checkbox"/> Other _____				
Laboratory Use Only	Conditions upon receipt at PLNA				
	<input type="checkbox"/> Coolant/Ice pack <input type="checkbox"/> Frozen <input type="checkbox"/> Room Temperature <input type="checkbox"/> Unopened/Intact				Initials _____
	Conditions upon receipt at PLSA				
	<input type="checkbox"/> Coolant/Ice pack <input type="checkbox"/> Frozen <input type="checkbox"/> Room Temperature <input type="checkbox"/> Unopened/Intact				Initials _____
	Sample weight with packaging _____				
Sample weight or volume available for culture _____			Initials _____		
Comments					

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Samples

Acceptance Criteria	ProvLab will process	Food for Human consumption: from patients' residence, restaurant, store, market, or event
		Food for Animal consumption: associated with human case or investigation related to human infection
		Pet feces: If associated with human enteric bacterial infection
	ProvLab will NOT process, but may refer out to an appropriate testing agency	Live or dead whole animal products (reptile feed)
		Litter used for house animals (suspect source of human infection)
Rejection Criteria	ProvLab will NOT accept	Foods collected from: Manufacturing/processing plants/production lines
		Foods for: quality testing, microbial risk assessment or routine surveillance
		Environmental swabs
Sample collection & Labeling	Label a sterile WHIRL-PAK® bag or sterile leak-proof container for each sample: Include 2 unique identifiers on each sample 2) Ensure the identifiers on the sample match the respective requisition for each sample	Sample type/description (chicken, pizza, dog treat)
		Sample collection location (Restaurant name, patients' home, etc)
	Sample requirements	100g of sample (25g minimum for EACH pathogen) 100g of sample (50g Minimum for Vibrio)
Transport & Packaging	Specimen packing	Place the labelled bag or sterile leak proof container into a larger biohazard bag and seal to prevent leakage (leaking samples will not be processed)
		Place requisition within the external flap of biohazard bag.
		Place all samples in dedicated food sample rigidsided container or cooler for transport
	Transport time	Transport to laboratory within 24Hrs
	Storage condition	Shelf-stable samples – store at Room Temperature
		Perishable samples - between 0°C and 7°C *Do not freeze unless already frozen*
Frozen samples – maintain freezing temperature. *Do not allow frozen samples to thaw during shipment		