



REQUEST FOR TESTING - FOOD SAFETY

Please fill the form as completely as possible.

Date Shipped: _____

P.O. Number: _____

Tracking Number: _____

Lot Numbers: _____

FDA Entry #: _____

Sender

Sample Information

Company _____

Name of Importer _____

Address _____

Sample Description _____

City _____

Sampled By _____

State _____ Zip Code _____

Date Sampled _____

Country _____

Total Number of Containers Sampled _____

Phone Number _____

Sampled At _____

Fax Number _____

Container Numbers _____

Contact Name _____

Have Samples been Composited? Yes No

If "Yes" then please attach detailed sample preparation documentation.

If "No" should samples be composite Yes No

Requested By _____

Turn Around Time _____

Test To Be Performed	Testing Methodology	Requested	Comments
FDA Detention- antibiotics (shellfish)	Modified FDA Method by LC/MS/MS	<input type="checkbox"/>	(fluoroquinolones, nitrofurans, malachite green, gentian violet)
FDA Detention- antibiotics (finfish)	Modified FDA Method by LC/MS/MS	<input type="checkbox"/>	(fluoroquinolones, malachite green, gentian violet)
FDA Detention- antibiotics (eel/dace)	Modified FDA Method by LC/MS/MS	<input type="checkbox"/>	(malachite green, gentian violet)
Single antibiotic (Select one)		<input type="checkbox"/>	
Sulfonamides	LC/MS/MS	<input type="checkbox"/>	
Tetracyclines	LC/MS/MS	<input type="checkbox"/>	
Pesticide Multi-residue Screen		<input type="checkbox"/>	
Other:		<input type="checkbox"/>	
		<input type="checkbox"/>	

Guidelines: Please report to the following Federal or state agencies:

- FDA FDA AR FL MS
 Other _____ AL CA LA Other: _____

Senders signature: _____

Sampled received at ADPEN by: _____ Date: _____

Comments/Conditions: _____