

SAMPLE COVER SHEET

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
 525 WEST JEFFERSON – 2ND FLOOR
 SPRINGFIELD, ILLINOIS 62761 (217) 785-2439

COLLECTION

SITE NAME _____	INCIDENT/COMPLAINT # _____
ADDRESS _____	
CITY _____	STATE _____ ZIP _____
SANITARIAN/ COLLECTOR _____	SIGNATURE _____

INITIAL INFORMATION

NUMBER OF PERSONS WHO ATE FOOD _____	NUMBER OF THOSE WHO ARE ILL _____
NUMBER TREATED BY PHYSICIAN _____	AVERAGE INCUBATION PERIOD _____
SYMPTOMS: <input type="checkbox"/> nausea <input type="checkbox"/> diarrhea <input type="checkbox"/> body ache <input type="checkbox"/> vomiting <input type="checkbox"/> fever <input type="checkbox"/> other _____	

SAMPLE NUMBER	COLLECTION DATE	NUMBER OF CONTAINERS	LAB NUMBER LAB USE ONLY	PRODUCT NAME
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

COMPLETE REVERSE SIDE

CHAIN OF CUSTODY

INCIDENT/ COMPLAINT NUMBER _____

CHAIN OF CUSTODY

Relinquished by (print) _____ Sign _____ Time _____ Date _____

Received by(print) _____ Sign _____ Time _____ Date _____

Relinquished by (print) _____ Sign _____ Time _____ Date _____

Received by(print) _____ Sign _____ Time _____ Date _____

Relinquished by (print) _____ Sign _____ Time _____ Date _____

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