

# **Notification of Suspected Presence or Isolation of Pathogen**

# **SAMPLE FORM for the purposes of Regulation 15 of the *Food Regulations 2009***

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| --- | --- | --- | --- |
| Name of prescribed pathogen isolated or suspected. Please tick the appropriate boxes | | | |
| *Listeria monocytogenes* | | *Salmonella* species | |
| All *Shigella* species | | Verotoxigenic E.coli | |
| Suspected  Date: Click here to enter a date | Confirmed  Date: Click here to enter a date | | Not Confirmed  Date: Click here to enter a date |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **FOOD BUSINESS DETAILS** | | | | | | | |
| Name & address of food business | |  | | | | | |
| Sampling date | | Click here to enter a date | | Sampling location | |  | |
| Description of food / source of sample | |  | | | | | |
| Sample type | | FoodWater Swab Other | | | | | |
| Product available in marketplace | | Yes No | | | | | |
| Ready To Eat | | Yes No | | | | | |
| Main activity by the food business | |  | | | | | |
| Brand Name / Trade Name | |  | | | | | |
| Pack size / Date marking / Batch code | |  | | | | | |
| **ANALYTICAL LABORATORY** | | | | | | | |
| Name and address of laboratory |  | | | | | | |
| Date sample submitted | Click here to enter a date | | Date pathogen suspected | | | | Click here to enter a date |
| Sample Identifier |  | | | | | | |
| Verbal notification | Date | | Time | | Department of Health Officer notified | | |
| Click here to enter a date | |  | |  | | |
| Additional information |  | | | | | | |
| Follow-up/confirmation | Date | | Time | | Department of Health Officer notified | | |
| Click here to enter a date | |  | |  | | |
| Final test result |  | | | | | | |
| **Final Notification Date** Click here to enter a date  **Name and position of person giving notice ………………………………………………………**  **Signature ……………………………………….** | | | | | | | |