BMA
SAMPLE SUBMISSION FORM FOR IMPORTED MEAT

To be completed by VPHO at Sampling Point			
NAME OF OFFICIAL			
PORT OF ENTRY		DATE OF SAMPLING	
CONTAINER NUMBER		TIME OF SAMPLING	
COUNTRY OF ORIGIN		REMOVAL PERMIT NO.	
IMPORTER		FACILITY NUMBER	
SAMPLE NUMBER		COLD STORE (Sampling Point)	
RE-SAMPLE NUMBER		PRODUCT	
Comments			

TESTS REQUIRED – MARK WITH X					
Aerobic Colony Count (OQP5.3. TM04)		Generic *Escherichia coli* (OQP5.3. TM06)		Other: _____	
Generic *Salmonella* spp. (OQP5.3. TM07)		#Salmonella Typing		Other: _____	
SIGNATURE OF OFFICIAL VPHO:					

To be completed by OmniQU Laboratories			
	COLLECTION	RECEIPT	
DATE			
TIME			
TEMPERATURE (°C)			
SIGNATURE			
SAMPLE CONDITION	ACCEPTABLE / NOT ACCEPTABLE	ACCEPTABLE / NOT ACCEPTABLE	
COMMENT			
SEAL NUMBER(S) (If applicable)		SEAL INTACT?	YES / NO
LABORATORY ORDER NO.			
COMMENT			

#Subcontracted service