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|  A picture containing text, clipart  Description automatically generated**WGS OF SALMONELLA SAMPLE SUBMISSION FORM***Please fully complete this form and place ALL documentation together on top of the samples for immediate availability upon opening the package* **THE FOLLOWING INFORMATION MUST BE PROVIDED TO AVOID ANY DELAY REPORTING YOUR RESULTS** |
| **CONTACT DETAILS** |
| **RSSL PROPOSAL** **NUMBER:***See quotation if provided* | Q- | **EMAIL ADDRESS:**  |  |
| **CONTACT NAME:***This will be the person who is sending the samples and results should be sent to* |  | **DO YOU REQUIRE RESULTS TO BE SHARED WITH ANOTHER RECIPIENT?**  | **Yes ​**[ ] **​      Share with:** |
| **PAYMENT DETAILS**PLEASE **EITHER** ENTER AN ACCOLADE NUMBER **OR** A NON-ACCOLADE REQUEST |
| **NON-ACCOLADE REQUESTS** (For intercompany cross charging) |
| **COST CENTRE NUMBER:** |  | **LEGAL ENTITY & ADDRESS:***Please advise if invoice address is different* |  |
| **ENTITY CODE (Mondelez Country Code):** |  |
| **BUDGET OWNER’S NAME:** |  |
| **HAS THIS REQUEST BEEN APPROVED BY THE BUDGET OWNER?** | **Yes ​** [ ]  **No** [ ]  | **PURCHASE ORDER NUMBER:***Only required for where intercompany charge is not possible* |  |
| **ACCOLADE REQUESTS**(For strategic R&D projects) |
| **ACCOLADE NUMBER:** |  | **HAVE YOU DISCUSSED THE ANALYSIS WITH FOOD SAFETY CO-ORDINATOR?** | **Yes ​☐​       Discussed with:**  |
| **YOUR SAMPLE REQUIREMENTS** |
| **STORAGE CONDITIONS** | RSSL will store all received isolates at +5°C whilst analysis is taking place. Upon completion of the work isolates will be transferred to cryovial storage at -80°C within the MDLZ salmonella culture collection. Please let RSSL know if an alternative is required: |  Click here to enter text. |
| **TURNAROUND TIME**Anything faster than a 15 day turnaround **MUST** be agreed by the lab **PRIOR** to sending samples | **30 Working Days**[ ]  | **15 Working Days**[ ]  | **Custom Turnaround**Click here to enter text. |
| **DISPOSAL** (original plate/slope)Please select **1 option only**. The cost of returning the samples is £26. | [ ]  **Return (additional cost)** | [ ]  **Destroy** | **HAVE YOU COMPLETED A SAFETY DATA SHEET**Make sure you send a **SDS & SSF** with your samples | [ ]  **Safety data sheet (SDS)** |
| **SAMPLE & ANALYSIS DETAILS** |
| **Sample Number** | **Sample Description***Description of sample, including transport container (slope/plate)****Please include information that you would like to appear on the certificate of analysis or report*** | **Sample References** *Internal client/ secondary laboratory**References****Please include information that you would like to appear on the certificate of analysis or report*** | **Isolate Source** **(optional)***(E.g., Final product/ environmental swab)*[ ]  ***Please tick if you would not like this to******appear on the certificate of analysis or******report*** | Isolate origin date/site**(Optional)** [ ]  ***Please tick if you would not like this to******appear on the certificate of analysis or******report*** | **Testing requirements*****Please select 1 of 5 options******Enter additional information in the ‘Further Info’ box if needed*** | **No. of Containers per sample** |
| 1 |  |  |  |  | Choose an option.Further Info |  |
| 2 |  |  |  |  | Choose an option.Further Info |  |
| 3 |  |  |  |  | Choose an option.Further Info |  |
| 4 |  |  |  |  | Choose an option.Further Info |  |
| 5 |  |  |  |  | Choose an option.Further Info |  |
| 6 |  |  |  |  | Choose an option.Further Info |  |
| 7 |  |  |  |  | Choose an option.Further Info |  |

***If required, please continue sample details on further copies of this form.***

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| **Sample Number** | **Sample Description***Description of sample, including transport container (slope/plate)****Please include information that you would like to appear on the certificate of analysis or report*** | **Sample References** *Internal client/ secondary laboratory**References****Please include information that you would like to appear on the certificate of analysis or report*** | **Isolate Source** **(optional)***(E.g., Final product/ environmental swab)*[ ]  ***Please tick if you would not like this to******appear on the certificate of analysis or******report*** | Isolate origin date/site**(Optional)** [ ]  ***Please tick if you would not like this to******appear on the certificate of analysis or******report*** | **Testing requirements*****Please select 1 of 5 options******Enter additional information in the ‘Further Info’ box if needed*** | **No. of Containers per sample** |
| 8 |  |  |  |  | Choose an option.Further Info |  |
| 9 |  |  |  |  | Choose an option.Further Info |  |
| 10 |  |  |  |  | Choose an option.Further Info |  |
| 11 |  |  |  |  | Choose an option.Further Info |  |
| 12 |  |  |  |  | Choose an option.Further Info |  |
| 13 |  |  |  |  | Choose an option.Further Info |  |
| 14 |  |  |  |  | Choose an option.Further Info |  |
| 15 |  |  |  |  | Choose an option.Further Info |  |