|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |  |