

**USDC ANALYTICAL LABORATORY SERVICES
INFORMATION FORM**

COMPANY INFORMATION

Company's Contract (√): HACCP QMP non-HACCP Contract Non-Contract

Company's Full Name :	Company Contact's Full Name (√): _____Dr. _____Mr. _____Mrs. _____Ms.
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Company's Location Address:	Company Contact's Mailing Address:
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City:	State:	Zip Code:	City:	State:	Zip Code:
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Company Contact's Title:	Phone Number:	Fax Number:	Company Contact's email address:
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Full Name and Signature of Company's Representative Acknowledging Samples Collected For Analyses:
 _____ **Full Name** _____ **Signature**

PRODUCT INFORMATION

Product Brand:	Packer's Full Name :	Distributor's Full Name :
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Product State I(√): <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Other	Product State II(√): <input type="checkbox"/> Perishable <input type="checkbox"/> Shelf-Stable
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Product Group(√): Ready-To-Eat Histamine Producer Battered/Breaded Shrimp Raw Shrimp

Product's **Full Description**:

Country of Origin:	Product Of:
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Product Packaging(√):
 Bag Box Can Jar Ring Vacuum Pack Other

Ingredient Statement (or attach label to back of information form):

Lot Size (Master Cases): _____Number _____Weight	Lot Size (Primary Packages): _____Number _____Weight	Lot Number:
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Pack Date (mm/dd/yy):	Expiration Date (mm/dd/yy):	UPC Code:
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SAMPLE INFORMATION

Sample Date (mm/dd/yy):	Sampled (√): <input type="checkbox"/> On-Line <input type="checkbox"/> In-Storage	Sample Temperature: _____°F
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Sample Size (Number): _____5 _____6 _____9	Sample Unit: _____Ounces
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Common Name of CSO/CSI's Immediate Supervisor:	Immediate Supervisor's Contact Information: _____Phone _____Email
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Full Name of CSO/CSI Collecting Samples:	CSO/CSI's Telephone/Fax Numbers: _____Phone _____Email
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Signature of CSO/CSI Collecting Samples	Comments:
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