

# **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  |

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| **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 |  Food[ ] Water[ ]  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 ……………………………………….**  |