

CSF Surveillance Submission Form for Slaughter Establishments		Page of
Establishment Info: Plant ID: _____ Establishment Name: _____		Testing Laboratory Info: Laboratory ID: <u>2.16.840.1.113883.3.5.1.</u> Lab Name: _____
		CSF Referral Number: Date Collected: <u> </u> mm / <u> </u> dd / <u> </u> yyyy

1	Lot ID/Tattoo/Other: _____	Reason for Submission (Circle one only)	Place specimen barcode here and then select specimen type below
	Production Site Information	1. Erysipelas 2. Septicemia 3. Other condemnation 4. Randomly selected	1. Tonsil 2. Other: _____
	National Premises ID State Zip		

2	Lot ID/Tattoo/Other: _____	Reason for Submission (Circle one only)	Place specimen barcode here and then select specimen type below
	Production Site Information	1. Erysipelas 2. Septicemia 3. Other condemnation 4. Randomly selected	1. Tonsil 2. Other: _____
	National Premises ID State Zip		

3	Lot ID/Tattoo/Other: _____	Reason for Submission (Circle one only)	Place specimen barcode here and then select specimen type below
	Production Site Information	1. Erysipelas 2. Septicemia 3. Other condemnation 4. Randomly selected	1. Tonsil 2. Other: _____
	National Premises ID State Zip		

4	Lot ID/Tattoo/Other: _____	Reason for Submission (Circle one only)	Place specimen barcode here and then select specimen type below
	Production Site Information	1. Erysipelas 2. Septicemia 3. Other condemnation 4. Randomly selected	1. Tonsil 2. Other: _____
	National Premises ID State Zip		

5	Lot ID/Tattoo/Other: _____	Reason for Submission (Circle one only)	Place specimen barcode here and then select specimen type below
	Production Site Information	1. Erysipelas 2. Septicemia 3. Other condemnation 4. Randomly selected	1. Tonsil 2. Other: _____
	National Premises ID State Zip		

6	Lot ID/Tattoo/Other: _____	Reason for Submission (Circle one only)	Place specimen barcode here and then select specimen type below
	Production Site Information	1. Erysipelas 2. Septicemia 3. Other condemnation 4. Randomly selected	1. Tonsil 2. Other: _____
	National Premises ID State Zip		

Date Samples Shipped to Testing Lab: mm / dd / yyyy

Number of Samples Shipped: _____

Name of Submitter: _____