 

 **FSA Shellfish monitoring programme – Sample Submission form**

 **A fully completed form must accompany each sample submitted for analysis under the below programmes**

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| **BIOTOXIN** | **CHEMICAL CONTAMINANTS** |
| LEA:       | Shellfish species:       |
| Production Area:       | Site Name:       |
| Cefas Bed ID (e.g. B0010):       | Sample actual NGR (e.g. NS1234 5678):  |
| Name of Sampling Officer:      Contact telephone number:      |
| Date of collection: …..…/…..…/20…… Time of collection: ……:……. Collected in accordance with sampling plan (e.g. correct frequency, RMP)? Yes  No add reason in info box  |
| Method of collection of shellfish sample: Hand raked Dredged Hand picked Dived  Mechanically stripped  Other (please specify): |
| Seawater temperature (oC): Sample temperature (oC) (intertidal shellfish): |
| Sample stored prior to dispatch? Yes No Temperature of storage (oC): Duration of storage (hours): |
| Comment or any other relevant information (e.g. visible algal blooms etc.): |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Number of sample boxes remaining:   |  1  |  2  |  3  |  4  |  5+  |

**PLEASE ENSURE THAT COOLPACKS ARE FROZEN BEFORE PACKAGING YOUR SAMPLE**

 Form version 2 – July 22