Logo

Description automatically generated A picture containing text, clipart

Description automatically generated

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

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

|  |  |
| --- | --- |
| **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