

NATIONAL ANTIMICROBIAL RESISTANCE MONITORING SYSTEM – RETAIL FOOD STUDY ISOLATES MONTHLY LOG SHEET

STATE _____ MONTH _____ YEAR _____

Completed By (Initials): _____

Circle One → CHICKEN BREAST GROUND TURKEY GROUND BEEF PORK CHOP

PART I															
	Sample ID Number	Store Name, City	Brand Name	Lot Number	Cut/Ground IN-STORE (√ One)		Sell-by Date (M / D / Y)			Purchase Date (M / D / Y)			Lab Process Date (M / D / Y)		
					Y	N									
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															

PART II																
C O N T. ↓	Growth (√ One) Y N		Salmonella IF GROWTH Serotype Isolate ID Number		Growth (√ One) Y N		Campylobacter IF GROWTH Species Isolate ID Number		Growth (√ One) Y N		E. coli (GA, MD, TN, OR) IF GROWTH Isolate ID Number		Growth (√ One) Y N		Enterococci (GA,MD,TN, OR) IF GROWTH Isolate ID Number	
	1															
2																
3																
4																
5																
6																
7																
8																
9																
10																

Fax log sheet to CDC at 404-371-5444; send original log sheet with specimens to FDA-CVM and keep a copy for your records. Thank you.