

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0583-0082. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

U.S. DEPARTMENT OF AGRICULTURE
FOOD SAFETY AND INSPECTION SERVICE

**PASTEURIZED EGG PRODUCTS RECOGNIZED LABORATORY PROGRAM
INFORMATION UPDATE REQUEST FORM**

The detailed information on this update is considered proprietary and will not be released. However, a list of Recognized Laboratories complete with addresses, telephone numbers, and contact personnel is distributed.

1. Laboratory Name: _____
(Official Name)

2. Doing business as (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

3. PEPRLab Number: _____ (Not the USDA egg-plant establishment number)

4. Laboratory Director: _____

Telephone Number: _____ Ext. _____

Fax Number: _____

E-mail Address: _____

5. Microbiology Lab Supervisor: _____

Official Title: _____

Telephone Number: _____ Ext. _____

Fax Number: _____

E-mail Address: _____

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6. Contact Person for PEPRLab business _____

Title: _____

Telephone Number: _____ Ext. _____

Fax Number: _____

E-mail Address: _____

7. Person to receive egg check samples: _____
(Name will be included in shipping address)

8. Address where egg check samples are to be sent: (If different from above address)
Note: Samples are temperature critical and must be properly stored with analysis beginning on the specified date.

City: _____ State: _____ Zip: _____

9. List the number of employees who participate in *Salmonella* analysis of pasteurized egg product surveillance samples _____ and fill in the information below for each employee:

Name:	Title:	Years of Micro. Experience	New Employee (Yes / No)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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10. Our laboratory performs *Salmonella* analysis on official FSIS egg-product surveillance samples for the following egg product plant (client): (If the lab has more than one client, please list them along with the appropriate information requested below on a separate sheet of paper and attach to this form.)

Plant (client) Name: _____

Located at: _____

City: _____ State: _____ Zip: _____

11. For the plant (client) listed above, what types of official samples are analyzed? (Check all that apply.)
Dry _____ Liquid _____ Frozen _____ Other _____

12. For the plant (client) listed above, please indicate the number of official FSIS egg-product surveillance samples that you analyze per week? Dried _____ Liquid _____

13. Does your laboratory use one of the following *Salmonella* cultural methods for analysis?

- 1) The USDA, AMS Laboratory Methods for Egg Products –
Sec. I ('93 rev.) and Sec. VII ('94 rev.)? ----- Yes No
2) The USDA, FSIS MLG online – chapter 4? ----- Yes No
3) The FDA BAM online – chapter 5? ----- Yes No

14. Does your laboratory use any rapid screening method? ----- Yes No

If yes, please answer the following:

- 1) Is the rapid method an approved AOAC Official Method of Analysis of the AOAC INTERNATIONAL, validated for egg products? ----- Yes No
2) If yes, list the name of the rapid method: _____
and the AOAC reference number: _____
3) Is the rapid method the FSIS Rapid Screening Method as described in the MLG? ----- Yes No
4) Are all positive results that are obtained by rapid screening methods followed up by subculturing the sample and subsequently performing biochemical and serological identification of any *Salmonella* isolates? ---- Yes No
5) Is a rapid/miniatuized biochemical test system used for identifying *Salmonella*? ----- Yes No
6) If yes, list the name of the test system: _____
and the AOAC reference number: _____

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15. Are *Salmonella*-positive results confirmed at your laboratory? ----- Yes No

16. If no, where is the confirmation of *Salmonella*-positive results conducted?
(NOTE: Confirmation must be completed at another laboratory currently active and in good standing in the PEPRLab Program.)

Confirming Laboratory: _____ PEPRLab No. _____

Address: _____

City: _____ State: _____ Zip: _____

17. Have any changes occurred in your laboratory in the last year regarding:
1) Methodology ----- Yes No
2) Personnel ----- Yes No
3) Facility Location ----- Yes No

18. If yes to any of the above, explain below:

The above information was provided by:
Name: _____ Title: _____

Signature: _____ Date _____

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Instructions for completing the form

1. Enter the information requested and answer each of the questions as thoroughly as possible. If additional space is needed, write “see attached” in the space after the question and attach any separate sheets of paper to the form.
2. On page 3 & 4 circle the appropriate response (yes / no).
3. On page 4:
 - a. Print the name of the person completing this form and their title.
 - b. The person completing this form must also sign and date the form.
4. Submit the completed form to:

Program Manager, Pasteurized Egg Products Recognized Laboratory Program
USDA, FSIS, OPHS, LQAD
950 College Station Road
Athens, Georgia 30605
Phone: (706) 546-3559 Fax: (706) 546-3453
E-mail: zhihong.wang@fsis.usda.gov