

Routine Sample Receiving and Disposal Form

Date Samples Received: <u>12-10-18</u>		<input type="checkbox"/> Mail Delivery	<input checked="" type="checkbox"/> Personally From: <u>CDM</u>	Sample Custodian: <u>SL</u>		
Sample Numbers: <u>2019 CDM 5008-5015</u>			Total Number: <u>7</u>			
Sample Type:		<input type="checkbox"/> Feed	<input type="checkbox"/> Fertilizer	<input type="checkbox"/> Lime	<input type="checkbox"/> BSE	
		<input type="checkbox"/> Mycotoxin	<input checked="" type="checkbox"/> Salmonella	<input type="checkbox"/> PT		
Sample Condition Upon Receipt:		<input checked="" type="checkbox"/> Intact <input type="checkbox"/> Other (Details):				
<input type="checkbox"/> Void - Sample Number: <u>NA</u>		Reason: <u>NA</u>		Supervisor Initials: <u>NA</u>		
Sample Custodian: <u>SL</u>		Transfer Date: <u>12-10-18</u>		Transfer To: <u>FDR</u>		
				Received by: <u>72</u>		
Check In Sample Storage Location						
<input type="checkbox"/> Ambient - Room #		<input type="checkbox"/> Refrigerator - EQF		<input type="checkbox"/> Freezer - EQF		
List Sample Numbers if box checked		List Sample Numbers if box checked		List Sample Numbers if box checked		
Date Checked In:			By Sample Custodian:			
Processed Sample Storage Location						
<input type="checkbox"/> Ambient - Room #		<input type="checkbox"/> Refrigerator - EQF		<input type="checkbox"/> Freezer - EQF		
List Sample Numbers if box checked		List Sample Numbers if box checked		List Sample Numbers if box checked		
Date Processed:			By Sample Custodian:			
Logged In By: <u>SP</u>		Date: <u>12-17-18</u>		Verified By: <u>SP</u>		
				Date: <u>12-18-18</u>		
Complete for Pending Samples: <input type="checkbox"/> NO <input type="checkbox"/> YES - Complete Section Below:						
Sample Number		Date	Storage Location	Initials	Disposal Date	Initials
Samples Out of AV/IA/FDA Guidelines: <input type="checkbox"/> NO <input type="checkbox"/> YES - Complete Section Below:						
Sample Number	Date	Current Month Storage	Final Storage Location	Initials	Disposal Date	Initials
Comments <input type="checkbox"/> NO <input type="checkbox"/> YES - Record Comment Below, Date and Initial						
Sample Disposal						
Sample Numbers:						
Disposal Date:			By Sample Custodian:			

FORM Number NDA-FORM-832		Version 2.2
FORM Title Routine Sample Receiving Form		Issue Date 10/17/17
Prepared by Shirley Ele and Waraporn Mahlman	Authorized by Shirley Ele	Page 1 of 1 Supersedes 2.1

Sample Numbers Received: 2019 CSH 5001-5008, 2019 NAG 5006-5009, 2019 COM 5008-5014 ⁵⁰¹⁵

Date Received: 12-10-18 Time: 15:00 Received From Feed Lab ^{TC 12-10-18}

Sample Temperature at Laboratory 3.3^① °C Ambient Frozen

Did the samples maintain integrity during transportation? Yes No

If No, indicate which samples have been compromised, _____,
and inform the Laboratory Section Supervisor (Initials _____).

Briefly describe the reason why the sample integrity was compromised:

① Some samples were frozen upon check-in, refrigerated
had TC ^{TC} 12-10-18

Verify the information recorded on the Sample Submission Form to the information on the samples. Is the information correct? Yes No

Samples stored in location RF 13 at 16:11 12-10-18 (time/date)

Is a planned deviation required to test the samples received? Yes No

If yes, fill out NDA-FORM-859, Deviation Form.

Sample Custodian TC Lamm Date 12-10-18

Report of Sample NEBRASKA

Animal and Plant Health Protection
P.O. Box 94756 | Lincoln, NE 68509 | (402) 471-2351

Good Life. Great Roots.

DEPARTMENT OF AGRICULTURE

Date 12/10/2018	Sample # 2019CDM5011	Firm ID/Name 10005 - LONG DOG FAT CAT 2 - OMAHA	City/State OMAHA, NE
Units POUNDS	Amount 4	Collection Method PURCHASE	Reason for Collecting STATE-FDA SURVEILLANCE

Sample Type

<input checked="" type="checkbox"/> Surveillance	<input checked="" type="checkbox"/> FDA	<input type="checkbox"/> Resample	<input type="checkbox"/> Investigational
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Manu ID # 10006	Product Name A+ Answers Beef Formula For Dogs	Product Desc. PET FOOD	Code GC U	Lot # 2018 02/08 20
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Inspector Comments
Salmonella Sample

Analyte	Unit	Min	Max	G.A.	Final

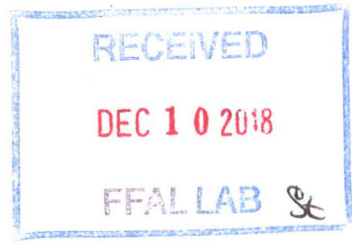
Date Completed **Initials** **Additional Notes**

Both

Submit

Print

*REP
12-10-18*



A+
ANSWERS™
PET FOOD

BEEF FORMULA

STRAIGHT™ FORMULA FO

Integrating Raw Feeding & Science

A+
ANSWERS™
PET FOOD

261960M5011

STRAIGHT™
BEEF FORMULA
FOR DOGS

FOUR POUNDER

Intended for Intermittent
or Supplemental Feeding
4 lbs (84 oz) (1.9 kg)

SAMPLE NO. 261960M5011
SIGNATURE [Signature]
PRINT NAME & TITLE (Inspector, Analyst or Technician)

DATE 12/19/18

SEAL BROKEN BY

DATE

NEBRASKA DEPARTMENT
OF
AGRICULTURE

CDMS011



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PET FOOD

CDMS011

STRAIGHT™

BEEF FORMULA
FOR DOGS

FOUR POUNDER

Intended for Intermittent
or Supplemental Feeding
4 lbs (64 oz) (1.8 kg)