

Pasteurized Egg Products Recognized Laboratory (PEPRLab) Program Information Update Request Form

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 time required to complete this information collection is estimated to average 30 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 information.

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
CODE:

3. PEPRLab Number:

(**Not** the USDA egg-plant establishment number)

4. Laboratory Director:

Telephone Number:

Ext :

Fax Number:

Email Address:

5. Microbiology Lab Supervisor:

Official Title:

Telephone Number:

Ext :

Fax Number:

Email Address:

6. Contact Person for PEPRLab business

Title

Telephone Number:

Ext :

Fax Number:

Email Address:

7. Person to receive egg check samples:

(Name will be included in shipping address)

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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.

Address:

CITY:

STATE:

ZIP
CODE:

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:	Yrs. of Micro Experience	New Employee: Yes/No
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Establishment No

Located at

CITY:

STATE:

ZIP CODE:

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

Yes

☐

No

☐

2) Sec. I ('93 rev.) and Sec. VII ('94 rev.)?

Yes

☐

No

☐

3) The USDA, FSIS MLG online - chapter 4?

Yes

☐

No

☐

4) 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 Official Method of Analysis of the AOAC INTERNATIONAL (AOAC OMA) or an approved Performance Tested Method of AOAC Research Institute (AOAC -RI PTM), validated for egg products?

Yes

☐

No

☐

2) If yes, list the name of the rapid method:

and the AOAC reference number:

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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/miniaturized biochemical test system used for identifying *Salmonella*? Yes ☐ No ☐

6) If yes, list the name of the test system: _____
and the AOAC reference number: _____

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

16. If no, where is the confirmation of *Salmonella*-positive results conducted? Yes ☐ No ☐

(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 CODE:

17. Have any changes occurred in your laboratory in the last year regarding:

1) Methodology	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2) Personnel	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3) Facility Location	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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, LQAS
950 College Station Road
Athens, Georgia 30605
Phone: (706) 546-3559
Fax: (706) 546-3453
E-mail: peprlab@fsis.usda.gov