Sample Submission Form

Cefas Shellfish Testing
CST
Barrack Road,
Weymouth
Dorset, DT4 8UB

Your reference:

This reference number must be unique to your sample. Please ensure that you do not provide information on the exact geographical origin of your sample

Order Number:
(Obtained through placing order online)

Contact name:

Senders address:

Contact phone number(s): Landline | Mobile

Reporting email:

Date & time of collection: **Date of dispatch:**

Tick box for analyses required

Bivalve Species	ASP	PSP	LT	E.coli	E.coli & sal.	Norovirus	Vibrio
Mussels (*Mytilus sp.*)	☐	☐	☐	☐	☐	☐	☐
Pacific oysters (*C.gigas*)	☐	☐	☐	☐	☐	☐	☐
Native oysters (*O. edulis*)	☐	☐	☐	☐	☐	☐	☐
Cockles (*C. edule*)	☐	☐	☐	☐	☐	☐	☐
King scallops - Whole (*P. maximus*)	☐	☐	☐	☐	☐	☐	☐
King scallops - Shucked (*P. maximus*)	☐	☐	☐	☐	☐	☐	☐
Queen scallops (*A. opercularis*)	☐	☐	☐	☐	☐	☐	☐
Razor clams (*Ensis* sp.)	☐	☐	☐	☐	☐	☐	☐
Hard clams (*M. mercenaria*)	☐	☐		☐	☐	☐	☐
Surf clams (*S. solida*)	☐	☐	☐	☐	☐	☐	☐
European otter clams (*L. lutraria*)	☐	☐	☐	☐	☐	☐	☐
Palourdes/Carpet shell clams (*T. decussatus*)	☐	☐	☐	☐	☐	☐	☐
Manila clams (*T. philippinarum*)	☐	☐	☐	☐	☐	☐	☐
Other species - by prior request only	☐	☐	☐	☐	☐	☐	☐