

MDP SAMPLE INFORMATION FORM

1. Source Sample Identification

State	Date year - month - day	Site Code	Commodity	Lab Code	Source ID

Primary Site Alternate Site If Alternate Sampled, Put Primary Site # Here: _____
(check) (check)

Commodity Not Available State Did **NOT** Attempt to Collect Sample
(check) (check)

Comments/Explanation: _____

2. Commodity Information

U.S. Imported Unknown
(check) (check) (check)

If Imported, Country of Origin: _____

Variety: _____ Type: Fresh Frozen Canned Other _____
(Example: Romaine) (check) (check) (check) (describe)

Claim on Product: Organic Other _____
(check) (write as shown)

3. Collection Site Information

Facility Type: Distribution Center Terminal Market Processing Plant Storage Facility Broker
(check) (check) (check) (check) (check)

Other: _____
(write type of facility)

4. Packaging and Shipping Information

Collector's Name: _____ Signature: _____
(PRINT CLEARLY)

Time Packaged for Shipping: _____ am pm (circle one) Date Shipped: _____

5. Post Harvest Treatment Labeling (if applicable to product)

Write any information on the box regarding post harvest treatment. Please write it EXACTLY as shown on the box.

(Examples: 1. Waxed with food grade liquid hydrocarbons; 2. Washed with chlorinated water then rinsed with fresh water; 3. Irradiated; 4. Treated with ozone)

6. Sample Receipt in Laboratory

Date Received: _____ Time Received: _____ am pm (circle one) Received By: _____ (Initials)

Lab sample #1 - Sample Analyzed? (Yes/No) _____ If Not, Why? _____ Lab Sample ID: _____ Temp: _____ (°C)

Lab sample #2 - Sample Analyzed? (Yes/No) _____ If Not, Why? _____ Lab Sample ID: _____ Temp: _____ (°C)

Lab sample #3 - Sample Analyzed? (Yes/No) _____ If Not, Why? _____ Lab Sample ID: _____ Temp: _____ (°C)

INSTRUCTIONS FOR MDP SAMPLE INFORMATION FORM
EFFECTIVE 06/01/04

*** Part 1 of the MDP Sample Information Form MUST be filled out for each assigned Source Sample, even if the commodity was NOT available and no Source Sample was collected. ***

*** One SIF will be completed for each Source sample. For example: one (1) source sample equals the collection of three (3) individual commodities or units. ***

1. Source Sample Identification:

Each sample will be identified by a unique letter/number character combination made up of the following six (6) fields:

- a. State:** Use the 2-letter postal code (e.g. California - CA).
- b. Date:** Use the 6-digit system for recording the sampling date (e.g. July 16, 2001 is written as 01-07-16).
- c. Site:** Each State has developed a list of sampling sites with corresponding 4-digit site codes (i.e., site code 100 is written as 0100). **NOTE:** Proxy sites are not acceptable for the collection of MDP commodities.
- d. Commodity:** Each of the potential commodities has been assigned a two-letter abbreviation as shown below:
- | | | |
|-----------------|---------------|-------------------|
| Cantaloupe - CN | Cilantro - CL | Green Onions - GO |
| Lettuce - LT | Parsley - PY | Tomatoes - TO |
- e. Lab Code:** Below is a list of the assigned 3-digit lab codes for each participating laboratory. Fill in the appropriate code designating where the sample will be ANALYZED.
- | | |
|-------------------------|------------------------|
| AMS, Gastonia, NC - US4 | MI, East Lansing - MI4 |
| CO, Denver - CO4 | NY, Albany - NY4 |
| CA, Albany - CA4 | OH, Reynoldsburg - OH4 |
| FL, Tallahassee - FL4 | WA, Olympia, WA4 |
| WI, Madison - WI4 | |
- f. Source ID:** Please enter an "A" or "B" to differentiate between the sources/suppliers for two (2) samples of the same commodity collected at the same site on the same day. For example: The first sample collected at site 100 (primary site) will be marked as "A" and the second sample collected that same day from a different supplier at site 100 will be marked as "B". If the second sample is collected at a different site, then the "Source ID" would not apply.
- g. Primary/Alternate Site:** Please check-mark either the "Primary Site" or the "Alternate Site" space depending upon which was sampled.
- h. If Alternate Sampled:** If an alternative site was sampled, please write in the code of the primary site in the blank space provided.
- i. Commodity Not Available:** If the sample was not collected because the commodity was not available at either the primary or alternate site, please check-mark that space.
- j. State Did NOT Attempt to Collect Sample:** If no attempt was made to collect the sample, please check-mark that space AND provide an explanation in the Comments/Explanation space.
- k. Comments/Explanations:** If needed, please provide any other comments here. For example, if the commodity was unavailable at either location or if it was collected but not shipped due to other damage, etc. In both cases, the primary site code should be put in the site code box of the Sample Identification.

2. Commodity Information:

- a. U.S./Imported/Unknown:** Please check-mark only one of the origin options for the commodity. Please mark mixed origin (multi-country) samples as "Imported".

- b. **Country of Origin:** Please include the country of origin for all imported commodities. Some commodities, such as juices, may have multiple countries listed. Make sure to write all countries listed for these mixed origin samples.
- c. **Variety:** If available, please provide the variety of commodity. Do not enter brand or trade name. In cases where a specific variety is targeted (i.e., leaf lettuce), the “variety” field must be completed.
- d. **Type - Fresh/Frozen/Canned/Other:** Please check-mark only one of the Type options for the commodity. For liquid ready-to-serve samples, check-mark the "Fresh" space. Write "Concentrate" in the "Other" blank space for concentrates.
- e. **Claim - Organic/Other:** Please check-mark only one of the Claim option spaces if a claim was made on the sample. Leave all spaces blank if no claim was made.

3. Collection Site Information:

- a. **Facility Type - Distribution Ctr/Terminal Mkt/Process Plant/Storage Fac/Broker/Other:** Please check-mark only one option for the type of site where the sample was collected. Write a description of any type of facility that is not listed into the "Other" blank space. **NOTE:** Proxy sites are not acceptable for the collection of MDP commodities.

4. Packaging and Shipping Information:

- a. **Collector's Name & Signature:** Please PRINT CLEARLY and provide a signature.
- b. **Time Packaged for Shipping:** Please provide the exact time the package was officially packaged and sealed for shipping.
- c. **Date Shipped:** Please write the Date the sample was shipped to the laboratory.

5. Post Harvest Treatment Labeling:

- a. Provide any information given on the box related to the application of post harvest treatment. Please write ALL of the information EXACTLY as shown on the box.

6. Sample Receipt in Laboratory:

- a. **Date Received:** Please enter the date the sample (made up of three (3) sub-samples) was received in the laboratory.
- b. **Time Received:** Enter the time (i.e., 9:00 a.m., 1:00 p.m.) the sample was received in the laboratory. Laboratory personnel must enter either A.M. or P.M.
- c. **Received By:** Enter the initials of the person who received the sample in the laboratory.

For Lab Samples 1, 2, and 3

- d. **Sample Analyzed:** Please enter “yes” or “no” if lab sample (single unit) will or will not be analyzed.
- e. **If Not, Why:** If the lab sample (single unit) will not be analyzed, write the appropriate reason. For example: Rotten, Bruised, Split, Miscoded, Temperature, Not Received, Lost Sample.
- f. **Internal Sample ID:** Enter the laboratory internal Sample ID, if applicable.
- g. **Temperature of Sample upon Receipt:** Please enter the temperature of the lab sample (in degrees Celsius) when it was received in the laboratory.