Appendix A

NATIONAL ANTIMICROBIAL RESISTANCE MONITORING SYSTEM – RETAIL FOOD STUDY ISOLATES MONTHLY LOG SHEET

STATE_____ MONTH_____ YEAR_____

Completed By (Initials): _____

Circle One → CHICKEN BREAST GROUND TURKEY GROUND BEEF PORK CHOP

PART I

	Sample ID Number	Store Name, City	Brand Name	Lot Number	Cut/Ground IN-STORE (√ One) Y	N	Sell-by Date (M / D / Y)			Purchase Date (M / D / Y)			Lab Process Date (M / D / Y)		
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															

PART II

CONT. ↓	Growth (√ One) Y	N	*Salmonella* IF GROWTH Serotype	Isolate ID Number	Growth (√ One) Y	N	*Campylobacter* IF GROWTH Species	Isolate ID Number	Growth (√ One) Y	N	*E. coli* (GA, MD, OR TN) IF GROWTH Isolate ID Number	Growth (√ One) Y	N	Enterococci (GA,MD, OR, TN) IF GROWTH Isolate ID Number
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														

E-mail log sheet to zik5@cdc.gov, sayers@cvm.fda.gov, and erobinso@cvm.fda.gov ; send original log sheet with isolates to FDA-CVM and keep a copy for your records. Thank you.