

**Montana Department of Public Health and Human Services  
Public Health Laboratory**

PO Box 4369  
Helena, MT 59604

406-444-3444 or 800-821-7284

*For PH Laboratory Use Only*

**Food Testing Request Form**

*Please completely fill out one form for each sample*

**Sample Type and Description:**

**Exact Collection Site:**

**Date of Collection:**

**Collectors Name:**

**Test Requested:**

**Establishment Name, Address, County:**

**Owner/Mgr:**

**Notes:**

**Report will be sent to:**