



Feidhmeannas Seirbhíse Sláinte  
Health Service Executive

Public Analyst's Laboratory  
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<https://www.hse.ie/eng/services/list/1/public-analyst-laboratory/>  
Laboratory Schedule of Accreditation available at [www.INAB.ie](http://www.INAB.ie)

## Complaint Analysis Request Form - Private

For Office Use Only		
Sample Entered by (Initials):	Date:	
Comment on Receipt:		
Analytical Fee:	Fee Paid: <input type="checkbox"/> Yes (Receipt No.):	<input type="checkbox"/> No <input type="checkbox"/> Other

Name, Address and Contact Details for Report: (PRINT)		
	Tel. no.:	Fax No.:
	Mobile no.:	
	Email Address:	

1. Customer Reference No.: \_\_\_\_\_  None

2. Date sample was taken: \_\_\_\_\_ 3. Time sample was taken: \_\_\_\_\_

4. Type of sample submitted (Please submit a control sample where appropriate):

\_\_\_\_\_

5. Control sample submitted:  Yes  No If provided please give details:

\_\_\_\_\_

6-11. Full details of complaint – include relevant information regarding purchase dates, storage and cooking:

6. Nature of Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Purchase Date: \_\_\_\_\_ 8. Date Opened: \_\_\_\_\_

9. Storage details since purchase: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Cooking details: \_\_\_\_\_

11. Further relevant details: \_\_\_\_\_

12. Was any of the food eaten?:  Yes  No    13. Was any illness/injury caused thereby?:  Yes  No

If so, give details: \_\_\_\_\_

14. Container air temperature on receipt at/delivery to the laboratory: \_\_\_\_\_ °C    Time: \_\_\_\_\_

As observed by the laboratory    Initials: \_\_\_\_\_

Not available    Reason: \_\_\_\_\_

15. Person who submitted the sample:

Signature:	Date:	Time:
Print name:		
Tel. no.:	Email Address:	

Contact Details:

16. Person who delivered sample, (if different from above):

Signature:	Date:	Time:
Print name:		
Tel. no.:	Email Address:	

Contact Details:

Delivered by Courier

Delivered by Post

17. The conditions under which a laboratory report is issued are listed on the laboratory website. As part of your sample submission, please indicate that you have been notified of this  Yes

**For Laboratory Use Only**

18. Person who received the sample:

Signature:	Date:	Time:
Print name:		

19. Comment on receipt: