

National *Salmonella* Enteritidis Monitoring and Accreditation Program

Approved Laboratory Form

(Please print)

Laboratory name:

Street address:

Postal address:

Phone: Fax:

Email address:

In accordance with the Guidelines for the National *Salmonella* Enteritidis Monitoring and Accreditation Program, the above mentioned laboratory:

- Is National Association of Testing Authorities (NATA) certified for *Salmonella* testing
- Employs a microbiologist / veterinarian (please circle applicable option)
- Has the capacity to differentiate Group D from other *Salmonella* groups

Laboratory Manager Signature

Name (please print) Date:.....

Please return this form to:

Jo Collins
Administrator NSEMAP
jo.collins@dpi.nsw.gov.au

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR REFERENCE