California Department of Public Health – Viral and Rickettsial Disease Laboratory GASTROENTERITIS OUTBREAK INFORMATION SUMMARY FORM

- Fill out one VRDL General Purpose Laboratory Submittal Form per sample.
 - Select Disease Suspected as Gastroenteritis
- Complete the information below and send one copy with the individual submittal forms.

] PCR Confirmed Norovirus Outbreak[] Samples Not Previously Tested	[] PCR Negative for Norovirus
Name of institution:	
CITY: CO	DUNTY
CalREDIE ID/NORS ID	
Type of institution / setting (e.g. long term care fa ship, catered event, etc):	cility, school, camp, restaurant, hospital, jail, cruise
Number of clinical cases Number of ca	ses hospitalized Number of deaths
Number of residents / students / population-at-risk	k Number of staff at risk
Total number of cases tested: Number	er of laboratory-confirmed cases (if any):
Tested for bacteria? ☐ Yes ☐ No Resul	lts:
Tested for ova and parasites? ☐ Yes ☐ No	Results:
Date of first case:/ ongo	oingor Date of last case://
Suspected source: Foodborne Waterbor	ne Personto person Imported/travel
☐ Unknown If source identified, note any ac	ditional information available:
communicate with your local communicable discoutbreaks are reported to the California Departr Section. Please send this completed form along	ment of Public Health Statistics and Surveillance with the individual specimen submittal forms.
Questions? Refer to the Acute Viral Gastroenter VRDL Medical and Epidemiological Liaison Section	ritis Laboratory Testing Quick Guide or contact the on at (510) 307-8585.
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Submitter, Please Enter Your Complete Mailing Address in the Box above