

State Laboratory Specimen Number:

Patient Name Last	First	Middle Initial	Age or DOB	Sex
Patient Address			Physician Name	
			Hospital	Phone #
Return Report To: Name Address City, State, Zip Code			Symptoms/Travel/Treatment: <input type="checkbox"/> Case <input type="checkbox"/> Contact To _____ <input type="checkbox"/> Clearance specimen <input type="checkbox"/> Typhoid carrier	

Source: Feces Urine Other _____ Date Taken _____ 1st specimen 2nd 3rd

Feces Appearance (check all that apply): Blood (visible) Blood (occult) Mucous Stool formed
 Soft (loose, some form present) Loose (no form but not watery) Liquid

Test requested: routine stool culture (includes all agents listed below) other (please indicate): _____

Report of State Laboratory Results – Do Not Write Below This Line

- Positive for:**
- Salmonella* serotype _____ *Campylobacter* _____
 - Shigella* _____ *Edwardsiella tarda*
 - Yersinia enterocolitica*
 virulent: serotype____biotype____ / not virulent: serotype__biotype____
 - Yersinia pseudotuberculosis* serotype __ *Yersinia* _____
 - Plesiomonas shigelloides* *Aeromonas* _____
 - Vibrio parahaemolyticus* *Vibrio* _____
 - Vibrio cholerae* non-O1 serotype *Vibrio cholerae* serotype O139
 - Vibrio cholerae* serotype O1
 serotype: Inaba Ogawa / biotype: El Tor Classical / Cholera toxin positive by Y1 adrenal cell latex agglutination
 - Escherichia coli* serotype O157:H7
 Shiga toxin 1 only present / Shiga toxin 2 only present / Shiga toxins 1 and 2 present
- None of the above pathogens isolated** **No growth on enteric media**
- Vero cell assay direct stool testing for Shiga toxin**
 positive negative direct Shiga toxin testing not done
 - Optional testing *E. coli* testing (not performed routinely, please call 510-412-3796):**
 non O157:H7 STEC (Shiga toxin producer) / EPEC (enteropathogenic, localized adherence) / EaggEC (enteroaggregative)
 ETEC (heat stable and heat labile toxin producer) / EIEC (enteroinvasive)

Comments:

Date reported: