

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: