

## Adult C. botulinum Toxin Detection Laboratory Request and FINAL REPORT FORM

Note: Submit specimens through the local public health laboratory with appropriate shipping labels and refrigerant. Advanced approval of the case is required from the local public health epidemiologist and the Division of Communicable Disease Control Duty Officer of the Day PRIOR to submission of specimens.

Submitting Lab Number		State Lab Number (L.S.#)	
<b>Patient's Name</b>			
Sex	Date of Birth	SS#	Medical Record #
Onset of Symptoms		Additional info	
Is patient on medication known to interfere in the analysis? <input type="checkbox"/> YES <input type="checkbox"/> NO (See list of Meds)			
<b>Specimen type</b> <input type="checkbox"/> = Serum ( <input type="checkbox"/> Pre or <input type="checkbox"/> Post-Antitoxin) <input type="checkbox"/> = Stool <input type="checkbox"/> = Gastric <input type="checkbox"/> = Tissue <input type="checkbox"/> = Implicated Food <input type="checkbox"/> = Other ( ) Comments:			
Collection Date:		Time:	
For additional patient information: Contact Dr. _____			
Fax ( )- -		Phone ( )- -	

=====

**THIS SECTION FOR STATE LABORATORY USE ONLY**

RECEIVED IN LAB (Date/Time)	By: (Initials) _____
Sample Integrity <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable <input type="checkbox"/> Marginal <input type="checkbox"/> QNS <input type="checkbox"/> Submit new specimen	
Comments:	

=====

**FINAL RESULTS**

- No *Clostridium botulinum* toxin detected.**
- Clostridium botulinum* toxin, type \_\_\_\_\_ detected.**
- No *Clostridium botulinum* organisms were detected.**
- Clostridium botulinum* type \_\_\_\_\_ organisms, were isolated.**
- Other Findings \_\_\_\_\_
- UNSATISFACTORY SAMPLE:** \_\_\_\_\_

Analyst:	Date Reported:
Supervisory Review:	Date:

SUBMITTING LABORATORY

cc: DCDC  
 Submitting PH Lab  
 MDL file