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State of Washington
Department of Health

DIVISION OF PUBLIC HEALTH LABORATORIES

1610 N.E. 150th St., K17-9, P.O. Box 550501, Seattle, Washington 98155-9701

**FOOD and FOOD
RELATED
BACTERIOLOGY**

LAB USE ONLY LAB. NO. 0 6							COUNTY-CITY				PAAS				DATE SPECIMEN OBTAINED (15-20) MONTH DAY YEAR					
DATE RECEIVED (21-26) MONTH DAY YEAR							REASON 27	SEX 28		1 <input type="checkbox"/> M 2 <input type="checkbox"/> F		AGE 29 30		31		32		DATE OF ONSET MONTH DAY YEAR		
PATIENT'S NAME (Last)											(First)			(Initial)			MEDICAL-LEGAL CASE <input type="checkbox"/> YES <input type="checkbox"/> NO			
ADDRESS											CITY			ZIP CODE						

FOR: >		DR.		PLEASE PREPARE A SLIP FOR EACH ITEM													
ADDRESS: >				Type of Specimen (31)													
CITY: >				STATE WA		ZIP CODE		1. <input type="checkbox"/> Food: Specify Item									
AREA CODE & PHONE NO.		COUNTY		2. <input type="checkbox"/> Stool										3. <input type="checkbox"/> Water			
				4. <input type="checkbox"/> Other													

Incubation period 33 34 hrs.

Duration of illness 35 36 hrs.

- Symptoms: 37 Nausea 40 Fever 43 Neurological
 38 Vomiting 41 Headache 44 Other _____
 39 Diarrhea 42 Abdominal Pain

Specimen Shipped: Iced Frozen Ambient Temperature

Comments or Test Requested _____

(DO NOT WRITE IN THIS SPACE)

LABORATORY REPORT

Condition Received: Satisfactory

Unsatisfactory _____

TESTS PERFORMED

RESULTS

Standard Plate Count

_____ per gram 45 46 E 48

Coliform MPN

_____ per gram 49 50 E 52

Fecal Coliform MPN

_____ per gram 53 54 E 56

V. parahaemolyticus

_____ per gram 57 58 E 60

S. aureus

_____ per gram 61 62 E 64

Cl. perfringens

_____ per gram 65 66 E 68

B. cereus

_____ per gram 69 70 E 72

Salmonella

Group B C, C, D E Other Not Isolated

Campylobacter Sp.

Not Isolated Isolated (73)

Shigella

Not Isolated Isolated (74-75)

Yersinia Sp.

Not Isolated Isolated (76)

Other

Not Isolated Isolated (77)

Gram Smear

Comments: _____

DATE OF FINAL REPORT
MONTH DAY YEAR