State of Washington
Department of Health
PUBLIC HEALTH LABORATORY
1610 N.E. 150th St., K 17-9, Shoreline, Washington 98155

Please Print Plainly
USE BLACK INK
or HEAVY PENCIL

ENTERIC BACTERIOLOGY

LAB USE ONLY

LAB. NO.	COUNTY-CITY	PAAS	DATE SPECIMEN OBTAINED (15-20) MONTH DAY YEAR
0 5 — — — — — (1 2 3 4 5 6 7)	— — — (8 9 10)	— — — — (11 12 13 14)	

DATE RECEIVED (21-26) MONTH DAY YEAR	REASON	SEX	AGE	AGE	DATE OF ONSET (33-38)
	— (27)	— (28) 1 ☐ M 2 ☐ F			

PATIENT'S NAME (Last) (First) (initial)

ADDRESS CITY ZIP CODE

FOR: ➢ DR.

ADDRESS: ➢

CITY: ➢ STATE **WA** ZIP CODE

AREA CODE & PHONE NO. COUNTY

DESCRIPTION OF SPECIMEN (31)

1 ☐ Passed stool
2 ☐ Rectal swab
3 ☐ Urine
4 ☐ Culture _____ Media submitted
5 ☐ Other _____

COMMENTS:

(DO NOT WRITE BELOW THIS LINE)

LABORATORY REPORT

Presumptive positive for: .....( ) Typhoid ( ) Salmonella ( ) Arizona
( ) Shigella ( ) Enteropathogenic E. coli

Date of Presumptive Report _____(Final Report to follow)

FINAL REPORT

( ) Neg. for Typhoid-Salmonella-Shigella group

( ) Neg. for Ent. Path. E. coli

) No Growth on Enteric Media — (51)

Salmonella..... — (40) — (41) — (42)
Shigella..... — (43) — (44)
Arizona ..... — (45)
Ent. Path. E. coli..... — (46) — (47)
..... — (48) — (49) — (50)

DATE OF FINAL REPORT
MONTH DAY YEAR
— — — — — — (75 76)

DOH 302-001 18