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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 (1 2 3 4 5 6 7)

COUNTY-CITY (8 9 10)

PAAS (11 12 13 14)

DATE SPECIMEN OBTAINED (15-20) MONTH DAY YEAR

DATE RECEIVED (21-26) MONTH DAY YEAR

REASON (27)

SEX (28) 1 ☐ M 2 ☐ F

AGE (29 30)

(31) (32)

DATE OF ONSET MONTH DAY YEAR

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

MEDICAL-LEGAL CASE ☐ YES ☐ NO

ADDRESS CITY ZIP CODE

FOR: > DR.

ADDRESS: >

CITY: > STATE WA ZIP CODE

AREA CODE & PHONE NO. COUNTY

PLEASE PREPARE A SLIP FOR EACH ITEM

Type of Specimen (31)

1. ☐ Food: Specify Item _____

2. ☐ Stool 3. ☐ Water

4. ☐ Other _____

Incubation period ____ ____ hrs. (33 34)

Duration of illness ____ ____ hrs. (35 36)

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

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 47	48
☐ Coliform MPN	_____ per gram	49	50	E 51	52
☐ Fecal Coliform MPN	_____ per gram	53	54	E 55	56
☐ **V. parahaemolyticus**	_____ per gram	57	58	E 59	60
☐ **S. aureus**	_____ per gram	61	62	E 63	64
☐ **Cl. perfringens**	_____ per gram	65	66	E 67	68
☐ **B. cereus**	_____ per gram	69	70	E 71	72

☐ **Salmonella** ☐ Not Isolated 0
Group ☐ B 1 ☐ C, 2 ☐ C, 3 ☐ D 4 ☐ E 5 ☐ Other 6 _____

☐ **Campylobacter Sp.** ☐ Not Isolated 0 ☐ Isolated 1 (73)

☐ **Shigella** _____ ☐ Not Isolated 0 ☐ Isolated 1 (74-75) ____

☐ **Yersinia Sp.** ☐ Not Isolated 0 ☐ Isolated 1 (76)

☐ Other (77)

Gram Smear

Comments:

DATE OF FINAL REPORT
MONTH DAY YEAR
78 79

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