ENTERIC BACTERIOLOGY

State Form 13057 (R8/10-07)
CLIA Certified Laboratory #15D0662599

Reset Form

INDIANA STATE DEPARTMENT OF HEALTH LABORATORIES
550 W. 16th STREET, SUITE B
INDIANAPOLIS, IN 46202-2203
(317) 921-5500

Patient's Name (Last)*	(First)*	Age*	Sex*
Patient's Address*			County*
Attending Physician (if not included below)	Address		

Required Specimen Information

Date Collected*_____

First Patient Specimen? ☐ Yes ☐ No

TYPE:*

☐ **Feces**

☐ _____

_____
(specify)

PURPOSE:*

☐ Diagnostic
☐ Release
☐ Carrier
☐ Contact
☐ Food Service Worker

(Please Print or Type)
Name and Address for Report*

_____

_____

_____

_____**IN**_____
Zip Code

Contact Person*:_____

Phone Number:* ( ) _____

Fax Number:* ( )_____

*** REQUIRED INFORMATION**

Instructions are on the Reverse Side	**LABORATORY REPORT**	Do Not Write Below These Lines
Lab No.	**Date Received:** Intl:	**FINAL REPORT** **Date:** Intl:

PRELIMINARY REPORT

Date_____ Initial_____

☐ *Salmonella* species isolated. Final identification report will follow.

☐ *Escherishia coli* O157 isolated. Final report will follow.

☐ _____

Comments:

☐ No *Salmonella, Shigella, Campylobacter* or *Escherichia coli* O157:H7 isolated

☐ No Growth on Enteric Media

☐ No *Clostridium* or *Bacillus* sp. isolated

☐ *Clostridium* sp. isolated. Final report from the Reference Laboratory will follow

☐ *Bacillus* sp. isolated. Final report from the Reference Laboratory will follow

☐ *Campylobacter jejuni*

☐ *Escherichia coli* O157:H7

☐ *Salmonella* serotype_____

☐ *Shiga toxin positive*

☐ *Shiga toxin negative*

☐ *Shigella sonnei*

☐ *Shigella*_____Type_____

☐ Unsatisfactory – Please resubmit.

☐ _____

☐ Copy to ISDH Epidemiology Resource Center

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IMPORTANT INFORMATION

Submission of Specimens – ISDH Container No. 7A – Enteric Bacteriology: Examination of Fecal Specimens for enteric pathogens.

Specimens are routinely examined for *Salmonella, Shigella, Campylobacter,* and *E. coli* 0157:H7. Rectal swabs cannot be examined due to inadequate material. For other enteric pathogens and/or additional information, please call (317) 921-5500.

Before using kit, check the expiration date of the container. **Do not use kit past the expiration date or specimen will not be tested.** If you have expired kits, notify the facility from which they were acquired and request an exchange.

The mailing container includes a request form, a spoon for handling the fecal specimen, and one specimen bottle, labeled *Cary Blair.* Do not use this kit if it does not contain the specimen bottle. Feces must be added to the preservative. Handle the bottle carefully to avoid spilling or splashing the contents. Any spills should be absorbed with paper towels and discarded as trash. If the fluid contacts the skin, wash with soap and water. If fluid contacts the eye, flush with water for several minutes. The fluid is not poisonous, but could be an irritant to sensitive individuals. Return any spilled kits to the facility from which they were obtained.

INSTRUCTIONS

7A ENTERIC CONTAINER

PLEASE READ AND FOLLOW CAREFULLY

1. Fill out the upper half of the request form completely including patient name and collection date. **TYPE OR PRINT CLEARLY.** The report will be returned to the health care provider whose address is in the space designated for **Name and Address for Report.**

2. Collect feces in a clean, dry container such as a plastic cup. **DO NOT MIX URINE WITH FECES.**

3. Open the inner container, remove the specimen bottle, and remove the screw cap. Use the plastic spoon to pick up ***ONLY TWO HEAPING SPOONSFULL*** of solid feces or ***FOUR SPOONSFULL IF THE SPECIMEN IS LIQUID****.* Place the feces into the open bottle, secure cap *VERY TIGHTLY* ***(write the patient name and collection date on the bottle or the specimen will not be tested)****.* Replace the bottle into the metal container and secure the metal screw cap firmly.

4. *DISCARD THE PLASTIC SPOON AND REMAINING FECES.*

5. Fold and wrap the completed request form **around the outside** of the metal container and place into the outer mailing tube. Secure lid firmly. Mail or transport **PROMPTLY** and unrefrigerated to the laboratory.