Food Bacteriology

Complete one form for each specimen submitted.

ALABAMA DEPARTMENT OF PUBLIC HEALTH
BUREAU OF CLINICAL LABORATORIES
8140 Aum Drive, P.O. Box 244018, Montgomery, Alabama 36124-4018
(334) 260-3400

Shaded area for laboratory use only.

Name of Complainant Last	First	M I	Investigator	**Date Received** MM DD YY
Name of Physician Last	First	M I	Medical Facility or Emergency Room Visited	
Place Collected	Date Collected MM DD YY		Product Identification/Brand	Lot Number
Location Food Stored When Sampled			Food Temperature _____ pH _____	Storage Temperature _____

Symptoms of Complainant

☐ Nausea ☐ Vomiting ☐ Abdominal Cramps ☐ Diarrhea ☐ Bloody Diarrhea ☐ Fever ☐ Other (Specify) _____

No. of persons ill after eating food _____ No. of persons not ill after eating food _____ Duration of illness: _____ Clinical specimens submitted ☐ Yes ☐ No

Time of eating suspected food/meal: Date _____ Hour _____ Incubation period _____ Suspected etiological agent _____

Test Requested	Present in portion tested	Absent in portion tested	Count/Concentration	Definitive Type
☐ *Bacillus cereus*				
☐ *B. cereus* enterotoxin				
☐ *Bacillus subtilis*				
☐ Campylobacter				
☐ *Clostridium botulinum*				
☐ *C. botulinum* toxin				
☐ *Clostridium perfringens*				
☐ *C. perfringens* enterotoxin				
☐ Enterococci				
☐ *Escherichia coli*				
☐ *E. coli* 0157 : H7				
☐ *E. coli* enterotoxin				
☐ Salmonella				
☐ Shigella				
☐ Staphylococci				
☐ Staph enterotoxin				
☐ *Vibrio choierae*				
☐ *V. cholerae* enterotoxin				
☐ *V. parahaemolyticus*				
☐ *Vibrio vulnificus*				
☐ *Yersinia enterocolitica*				
☐ Other (specify)				
Aerobic Colony Count				
Coliform				
Fecal coliform				

☐ No food poisoning organisms isolated.
☐ Unacceptable specimen: _____
☐ Other: _____

Mail Report to:

_____ Phone: _____

_____

_____, AL _____
ZIP CODE

	MM DD YY
Analyst	Date Reported

ADPH-F-CL-424/REV. 5/01

Provider Number