



Gastrointestinal Bacteria Food and Environmental Sample Referral

C. botulinum and *S. aureus*

Bacteriology Reference Department
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PHE Colindale
Bacteriology
DX 6530002
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Please write clearly in dark ink

SENDER'S INFORMATION

Sender's name and address

Postcode

Report to be sent FAO

Contact Phone Ext

Purchase order number

Project code

Outbreak/investigation

ILog number

SOURCE INFORMATION

Your reference

Sample Type

Food* Environment* Other*

* please specify

Date of collection Time am/pm

Date sent to PHE

Please state the presumptive identification

Priority status

Food details

Remnant Same Batch
 Raw Cooked Fresh Frozen
 Canned open Canned unopened Other packaging (please specify)

Condition of packaging Brand Best before/use by D D M M Y Y

Canning code Barcode Date of manufacture D D M M Y Y

Storage temperature Batch/lot number Country of origin

Sampling Officer Contact phone/fax/email

EHO Address (if different from sender's address)

Tag Number EHO sender's reference number

Temperature on sampling Storage and transport conditions

Sampling point Place of sampling

TESTS REQUESTED

C. botulinum Other (please specify)
 S. aureus enterotoxin detection

SENDER'S LABORATORY RESULTS

Organism count (cfu/g)

Other information

CLINICAL/EPIDEMIOLOGICAL INFORMATION

Diarrhoea Vomiting Headache Abdominal pain Nausea Fever
 Septicaemia Fatal Neurological symptoms (details)

Date of onset Duration of symptoms Number symptomatic

OTHER COMMENTS