Lest form 2	UK Health Security Agency Please write clearly in dard SENDER'S INFOR Sender's name and a	MATIC		
	Postcode SOURCE INFORMATION			
		ANO		
Ŷ	Your reference Sample Type			
	Food*	🗌 En		
$\geq$	* please specify			
$\Box$				
$\bigcirc$	Food details			
	Remnant	🗌 Sa		
	Raw	Co		
	Canned open	Ca		
	Condition of packaging			
$\mathbf{O}$	Canning code			
	Storage temperature			
	Sampling Officer			
	EHO Address (if different from sen			
2	Tag Number			
	Temperature on sampling			
	Sampling point			
$\sim$		TESTS REQUESTED		
	C. botulinum			
	SENDER'S LABORATOR			
	Organism count (cfu/g) CLINICAL/EPIDEMIOLO			

## **Gastrointestinal Bacteria Food and Environmental Sample Referral**

Convitu	C. botulinum	1	-		
Security Agonov		eference Department	Phone: +44 (0)20 8327 7887	UKHSA Colindale	
Agency	GBRU		GBRU@phe.gov.uk www.gov.uk/ukhsa	Bacteriology	
Please write clearly in dark ink	61 Colindale A London NW9 5			DX 6530002 Colindale NW	
SENDER'S INFORMAT	ION				
Sender's name and address			Report to be sent FAO		
			Contact Phone	Ext	
			Purchase order number		
			Project code		
			Outbreak/investigation		
Postcode			ILog number		
SOURCE INFORMATIC	DN				
Your reference			Date of collection	Time am/pm	
Sample Type		Date sent to UKHSA			
Food *	Environment*	Other*	Please state the presumptive identification		
* please specify					
			Priority status		
Food details					
Remnant	Same Batch				
Raw	Cooked	Fresh	Frozen		
Canned open	Canned unopened	Other packaging (P	lease specify)		
Condition of packaging		Brand	Best before/use t	<b>by</b> ромму у	
Canning code		Barcode	Date of manufact	ture о омму у	
Storage temperature Batch/lot number		Country of origin			
Sampling Officer		Contact phone/fax/email			
EHO Address (if different from se	ender'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)		
SENDER'S LABORATO	RY RESULTS				
Organism count (cfu/g)		Other information			
CLINICAL/EPIDEMIOLOGICAL INFORMATION					
Diarrhoea	Vomiting	Headache	Abdominal pain Nause	ea Fever	
Septicaemia	Fatal	Neurological symptoms (details)			
Date of onset D	M M Y Y	Duration of symptoms     Number symptomatic		mber symptomatic	

**OTHER COMMENTS**