



Gastrointestinal Bacteria Food and Environmental Sample Referral

C. botulinumBacteriology Reference Department
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Please write clearly in dark ink

SENDER'S INFORMATION

Sender's name and address

Postcode

Report to be sent FAOContact 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 UKHSA

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 YCanning code Barcode Date of manufacture D D M M Y YStorage temperature Batch/lot number Country of originSampling Officer Contact phone/fax/email

EHO Address (if different from sender's address)

Tag Number EHO sender's reference numberTemperature on sampling Storage and transport conditionsSampling point Place of sampling**TESTS REQUESTED** **C. botulinum** Other (please specify)**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**