Georgia Department of Human Resources Public Health Laboratory Bacteriology (Feces Specimen) Submission Form

SUBMITTER INFORMATION	PATIENT INFORMATION		
SUBMITTER CODE:	PATIENT #		
	NAME:		
NAME:	Last	First	Middle Initial
STREET:	STREET:	CITY	
	ZIP CODE:+CO	OUNTY:	STATE:
	DATE OF BIRTH:/ DATE OF ONSET://		
	RACE ET	HNICITY	SEX
	☐ White ☐ I	Hispanic	☐ Male
CITY:		Non-Hispanic Unknown	☐ Female ☐ Unknown
ZIP CODE: +	Asian	OHRHOWH	Chkilown
		Travel:	
COUNTY:	☐ Multi-racial ☐ Unknown		
	_		
	SYMPTOMS: (Check all that app	oly)	
	☐ Diarrhea ☐ Vomiting ☐ Blood/mucus ☐ Not III		
	☐ Cramping ☐ Fever ° ☐ Other		
PHONE NO: (Area Code)	CLOSE CONTACTS:		
Àrea Code	OUTBREAK RELATED: □ Yes		
CONTACT PERSON:	If Yes, Name of Outbreak		
SPECIMEN INFORMATION			
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TEST REQUESTED			
Preserved Stool (Para-Pak C&S*, Room Temperature) for:		Fresh Stool (Refrigerated) for:	
☐ Routine (Salmonella, Shigella, Campylobacter, Aeromonas, E. coli O157, Yersinia)		☐ Bacillus cereus** (Submit w/in 48hr after onset)	
Single Agents: Salmonella Campylobacter E. coli O157 Vibrio Yersinia		Clostridium perfringens** (Submit w/in 48hr after onset)	
☐ Shigella ☐ Aeromonas ☐ Staphylococcus aureus** (Submit w/in 24 hours after onset)		☐ Clostridium botulinum**	
☐ Other:			
*NOT USED FOR PARASITE PRESERVATION **SPECIAL ARRANGEMENT REQUIRED - Call 404-327-7990			
LAB	ORATORY COPY	`	Form 3416 (Rev. 09-03)