

**SHIGA TOXIN-PRODUCING *ESCHERICHIA COLI* (*E.coli*)**

Medical Documentation Verification Form

<b>Physician</b>	
<b>Phone #</b>	
<b>Fax #</b>	
<b>Patient/Case #</b>	
<b>Diagnosis</b>	
<b>Date of Diagnosis</b>	

**Please provide a summary of medical treatment/tests (include dates of stool samples) that were performed:**

Date of stool specimen #1: \_\_\_\_\_

Date of stool specimen #2: \_\_\_\_\_

(Please initial if the statement below is accurate)

\_\_\_\_\_ The above Patient/Case # is free of **SHIGA TOXIN-PRODUCING *ESCHERICHIA COLI* (*E. coli*)** infection based on test results that show 2 consecutive negative stool specimen cultures that were taken:

- Not earlier than 48 hours after discontinuance of antibiotics, and at least 24 hours apart.

**Physician Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

