

Infant Botulism Diagnostic Testing Specimen Submission Form

California Department of Public Health - Microbial Diseases Laboratory

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CLIA ID Number: 05D0643851

CDPH Accession Number

Label Here Only

Submit Specimens to:

CDPH - Infant Botulism Laboratory

850 Marina Bay Parkway

Specimen Receiving, B106

Richmond, CA 94804

Ph: 510-231-7600

Important: This form must be completed when submitting specimens to CDPH for infant botulism diagnostic testing, and is for patients hospitalized in the State of California only. Complete all fields and submit this form with the specimen; incomplete forms may delay testing. A final report will be sent to the submitting laboratory once all testing is complete.

Patient Information

Last Name First Name Middle Initial Sex Date of Birth Pregnant*

Medical Records Number Date of Illness Onset Race Ethnicity

*Pregnancy information is required to be collected for all reportable infectious disease testing, even though it may not be biologically relevant.

Tests ordered: Mouse bioassay for botulinum neurotoxin and anaerobic fecal culture for botulinum neurotoxin producing species of *Clostridium*

Specimen Type Hospital Lab Accession Number Collection Date Collection Time Ordering physician

Person completing form Notes / Comments

Name and Address of Submitting Laboratory

Laboratory Phone Number

Laboratory Fax Number

Remit Final Report To