

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

CDPH - MDL
HRPS - Botulism Reference Unit
850 Marina Bay Parkway, Room 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