

**Scottish E. coli O157/Verotoxigenic E. coli Reference Laboratory**



**REQUEST FORM**

Scottish E. coli O157/VTEC Reference Laboratory, Department of Laboratory Medicine,  
 Royal Infirmary of Edinburgh, 51 Little France Crescent, Old Dalkeith Road, Edinburgh, EH16 4SA.  
 Tel: 0131 242 1947 Fax: 0131 242 6008 **DX 6231203 EDINBURGH 96EH**

**Sender's Name & Address**

**Sender's Ref Number:**

**Date sample taken:**  
**Date of isolation:**

**Time sample taken:**

**REF LAB USE ONLY**

**Date/time rec'd:**

**Category:**

**Lab Ref No:**

**NATURE OF SPECIMEN (please ✓)**

**Isolate**       **Faeces**       **Blood**   
**Other**  (Specify).....

**TYPE OF INCIDENT (please ✓)**

**Single case**   
**Family outbreak**   
**Contact of known case**   
 Details if known: .....  
**Other** (specify).....

**HUMAN**

**Surname:**  
**Forename:**  
**DOB:**  
**Sex:**  
**CHI No:**  
**Address:**

**At home**   
**In hospital**   
**Elsewhere** (specify):

.....  
**Foreign travel**   
**Country** (specify):

**CLINICAL DETAILS (please ✓)**

**Diarrhoea** **Yes**   
    **Bloody**   
    **Watery**   
    **No**   
    **Not known**

**HUS** **Yes**   
    **No**   
    **Not known**

**Was onset** **Yes**   
**prior to** **No**   
**hospital** **Not known**   
**admission?** **Not applicable**

**Outcome** **Fatal**   
    **Not fatal**   
    **Not known**

**NON-HUMAN**

**Source:**  
**Address:**

**OTHER RELEVANT INFORMATION**

(e.g. occupation (farm worker etc) or nursery attendance)

**EXAMINATION REQUESTED**