

REQUEST FORM FOR PUBLIC HEALTH SAMPLES

SAMPLE RECEIPT IN LAB

TEMP OF SAMPLES ON ARRIVAL (For lab use)	Room Temp
	Frozen
For Lab use	On Ice

DATE:	
TIME:	
RECEIVED BY:	(signature)

DATE:	
TIME:	
DELIVERED BY:	(signature)

SAMPLE COLLECTION

PLEASE USE A SEPARATE FORM FOR EACH SAMPLE TYPE (FOODS/DAIRY/WATER/SWABS)

EPISODE No. (for Lab use)	SAMPLE TYPE (Description)	CLIENT'S Reference No. /code	COLLECTION LOCATION (Sample source)	Temp	Container/ Condition (W/U/W)	Contents (W/U/W)
1						
2						
3						
4						
5						

PLEASE SELECT TESTS REQUIRED PER SAMPLE TYPE (PTO for specimen rejection guidelines)

STERILITY TESTING (only for samples expected to be sterile)

AIR SETTLE PLATES Blood plate SAB plate

PUBLIC HEALTH INVESTIGATION (e.g. for swabs in transport medium) Please specify target organism:

ENVIRONMENTAL SWAB IN RINGERS: Swab taken as per ISO5763? Yes No Wet swab Dry swab
Size of Template used in cm²: TESTS REQUIRED: Total Aerobic Count Coliform count E. coli count

WATER TESTING:

WATER TYPE: POTABLE NON-POTABLE DIALYSIS BOTTLED MOOREPADS HYDROTHERAPY
TEST: Total Bacterial Count Coliform/E.coli Faecal Coliforms Legionella Salmonella Cholera

MILK TESTING:

SAMPLE TYPE: PASTEURISED RAW INFANT FORMULA
TEST: Total Aerobic Count Coliform/E.coli count Phosphatase

Pathogens (please specify) or predominant organisms/s

FOOD & DAIRY PRODUCTS TESTING:

TEST: Total Aerobic Count Coliform count E.coli count Salmonella Campylobacter
Yeast/Mould count Shigella Coag pos Staph Clostridium perfringens Bacillus cereus

Other tests:

SENDER'S DETAILS

Name:	
Company:	
E-mail:	
Phone:	
Fax:	

Note: For all possible food poisoning investigations/outbreaks please complete additional information using Appendix 1

APPENDIX 1

INFORMATION REQUIRED FOR POSSIBLE OUTBREAKS OF FOOD BORNE DISEASES

Please supply as much information as possible

FOR WATER SAMPLES

Type of sample/s implicated in the outbreak(mark appropriate type/s)

WATER:	Tap	
	Borehole	
	Well	
	Spring	
	Dam	
	River	

Has the water been treated? If treated indicate treatment.

YES	
NO	

Treatment used

FOR DAIRY/MILK SAMPLES

Type of sample/s implicated in the outbreak(mark appropriate type/s)

Indicate the following:	
Treatment	
Pasteurised	
Raw	
Unknown	

Milk	
Cream	
Maas	
Yoghurt	
Ice Cream	
Butter	
Milk Feed	
Milk Feed Powder	
Other	

FOR FOOD SAMPLES

List all types of samples implicated in the outbreak below

1	
2	
3	
4	
5	
6	

FOR MOOREPAD SAMPLES

Indicate whether Vibrio species and or Salmonella species is suspected.

VIBRIO SP.	
SALMONELLA SPP.	

OUTBREAK/DISEASE INFORMATION:

Incubation period (time of ingestion until symptoms were detected

Indicate in hours

HOURS	
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SYMPTOMS:indicate symptoms

VOMITING	
NAUSEA	
DIARRHOEA	
BLODY DIARRHOEA	
WATERY DIARRHOEA(typical "Rice Water" Stool)	
Abdominal cramps	
Paralysis	

Note:

All raw fish/seafood samples should be tested for the presence of Vibrio species

Where a patient presents with symptoms of paralysis toxin testing should be considered.

Public Health Laboratory, KZN does not offer toxin testing please submit samples to NICD for testing

SAMPLE REJECTION GUIDELINES:**Water samples:**

All water samples must be:

- In a sterile container
- Not frozen
- A sufficient volume for the test requested:
 - ≥ 120 mls for Counts, Salmonella, V. cholerae
 - ≥ 1000mls for Legionella
- <24 hours old (for most tests)

For Total Bacterial Count:

- Sample must be kept between 1 °C and 10 °C if not received by lab within 6 hours of sample being taken.
- <24 hours old

For Legionella:

- Sample must be kept between 6 °C and 18 °C and not be more than 5 days old

Moore pad samples:

- Only one test (V. cholerae OR Salmonella) may be requested per Moore pad sample.
- Samples which have leaked and/or are >24 hours old will not be processed.

Milk samples:

The following milk samples will be rejected:

- Frozen samples.
- Sample in an unsterile container.
- If volume insufficient. (≥100 mls required)
- If temperature on arrival is >5 °C.
- Sample >48 hours old.
- Sample in a sour state.

Environmental swabs in Ringers

The following environmental swabs will be rejected:

- Swabs for Total Aerobic, Coliform or E. coli counts which are not in Ringers solution.
- Swabs which are received >24 hours after collections
- Swabs which are not kept at 1 °C – 4 °C after collection.

Swabs in transport medium for Public Health Investigation

These swabs will be rejected if the suspected target organism is not specified.

Samples for Sterility testing

Only samples which should be sterile are acceptable, all others will be rejected.

Food samples:

The following food samples will be rejected:

- Frozen samples which have thawed.
- Samples not stable at ambient temperature which have not been kept at ± 2 °C - 8 °C.
- Sample in an unsterile container.
- Insufficient volume for the test requested. (≥50 grams required)
- Sample in an unsatisfactory condition.