**Appendix 1**

**Notes** For all possible food poisoning investigations/outbreaks please complete additional information using:

<table>
<thead>
<tr>
<th>Fax</th>
<th>E-mail</th>
<th>Company</th>
<th>Name</th>
</tr>
</thead>
</table>

**SENDER DETAILS**

- Other tests:
  - [ ] Pest control
  - [ ] Composting
  - [ ] Campylobacter
  - [ ] Salmonella
  - [ ] E. coli
  - [ ] Other

**FOOD & DAIRY PRODUCTS TESTING**

- [ ] Pathogens (please specify)
- [ ] Toxin
- [ ] Total Aerobic Count
- [ ] Coliform
- [ ] E. coli
- [ ] Refrigerated
- [ ] Bottled
- [ ] Pasteurised
- [ ] Raw
- [ ] Infant formula

**MILK TESTING**

- [ ] Milk
- [ ] Other

**OTHER TESTING**

- [ ] Total bacterial count
- [ ] Fecal coliform
- [ ] Lead
- [ ] Salmonella
- [ ] Clostridia
- [ ] Staphylococcus
- [ ] Other

**WATER TESTING**

- [ ] Tap
- [ ] Bottled
- [ ] Waterworks

**ENVIRONMENTAL SWAB IN ROGERS**

- [ ] All settle plates (any for samples expected to be sterile)

**STERILITY TESTING**

**Please select tests required for sample type (PTO for specimen request guidelines)**

<table>
<thead>
<tr>
<th>Test</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
</table>

**For use by:**

- [ ] Collection location
- [ ] Sample type
- [ ] Date
- [ ] Time

**REQUEST FOR PUBLIC HEALTH SAMPLES**

**NHLS Durban Public Health Laboratory**

149 Prince Street
PO Box 01 3371 009

Fax 031 327 7000
Phone 031 327 7000

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Public Health Laboratory, KZN does not offer toxin testing please submit samples to MID for testing
Where a patient presents with symptoms of paralytic toxin testing should be considered.
All food/vehicle meals should be tested for the presence of Vibrio species

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Indicative symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal cramps</td>
<td>WATERY DIARRHEA (VIBRIO, PSEUDOMONAS)</td>
</tr>
<tr>
<td>BLOODY DIARRHEA</td>
<td>NAUSEA</td>
</tr>
<tr>
<td>VOMITING</td>
<td></td>
</tr>
</tbody>
</table>

**Outbreak/Disease Information:**
Indicate whether Vibrio species and/or Salmonella species is suspected

**Food Samples**
Indicate the following:
- Treatment used
- Yes
- No

**Water Samples**
Indicate the following:
- Type of sample
- River
- Dam
- Spring
- Well
- Borehole
- Tap

Please supply as much information as possible.

**Appendix 1**

PHILCORDSHEETS/REC/192/Active/04
Food samples:

Samples for sterile testing

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

Environmental swabs in rings

Sample in a cool step.

Sample >24 hours old.

If temperature on arrival is >35°C.

If volume insufficient (≥200 ml is required).

Sample in an unstable container.

Frozen samples.

The following milk samples will be rejected:

Milk samples:

Samples which have leaked and/or are ≥24 hours old will not be processed.

Only one test (W/V culture or S. monilae) may be requested per more than 5 days old.

Milk samples must be kept between 6°C and 16°C and not more than 5 days old.

For Legnaleu.

≥7000 mpn for Leptest

120 mpn for Counts, Starmo, S. monilae, W. choler.

Waste samples:

Sample Rejection Guidelines: