

Appendix 1:



NHLS Infection Control Services Laboratory

Room 3S05 Wits Medical School, 7 York Road Parktown, Phone 0114898445/0114898580

REQUEST FORM FOR PUBLIC HEALTH SAMPLES
FOOD/MILK/WATER/ENVIRONMENTAL SAMPLES for MICROBIOLOGICAL ANALYSIS

Sample collection date	
Sample collection time:	
Collected by	
Delivered by (name and signature)	

TEMP OF SAMPLES ON ARRIVAL (For Lab Use)	
Room temp	
Frozen	
On Ice	
Received by	

Clients are requested to transport samples in a cooler box (containing frozen ice bricks) and deliver the samples to the laboratory as soon as possible after sampling. If samples are not handled with due care as requested above or delivered to the laboratory as soon as possible after sampling, it might influence the accuracy of the test results. At times the laboratory may not be able to process samples on the day of receipt due to extreme high sample volumes. Cold chain will be maintained until sample/s are processed.

Client Reference number	Sample Type (Description)	Collection Location (Sample source)	(For lab use) Temp
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

SENDERS DETAILS

Name:	Account to be billed:
Company:	
Address:	
	Purchase order number:
Phone number:	
Cell number:	
Email address for reports:	

Please complete relevant sections on the reverse side of the form. Should no test be selected, the lab will default to quality test of the sample matrix provided.

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WATER SAMPLES

Water	Potable <input type="checkbox"/>	Non-potable <input type="checkbox"/>	Dialysis <input type="checkbox"/>	Moorepad <input type="checkbox"/>	Pool <input type="checkbox"/>	Bottle <input type="checkbox"/>	Other <input type="checkbox"/>
Test	Quality testing <input type="checkbox"/>	Total bacterial count <input type="checkbox"/>	Coliform/E.coli <input type="checkbox"/>		Salmonella <input type="checkbox"/>	Cholera <input type="checkbox"/>	Shigella <input type="checkbox"/>

INFORMATION REQUIRED FOR POSSIBLE OUTBREAK OF WATER-BORNE PATHOGENS

Tap		Has the water been treated? If treated indicate treatment Yes <input type="checkbox"/> No <input type="checkbox"/>
Borehole		
Well		
Spring		
Dam		
River		Treatment used <input type="text"/>

MILK & DAIRY SAMPLES

Milk	Pasteurised <input type="checkbox"/>	Raw <input type="checkbox"/>	Infant formula <input type="checkbox"/>	Dairy product <input type="checkbox"/>
Test	Total aerobic count <input type="checkbox"/>	Coliforms/E.coli <input type="checkbox"/>	Cultures <input type="checkbox"/> (Please specify) <input type="text"/>	

INFORMATION REQUIRED FOR POSSIBLE OUTBREAK OF FOOD-BORNE PATHOGEN

Milk		Indicate the following:
Cream		Treated <input type="checkbox"/>
Mass		Pasteurised <input type="checkbox"/>
Yoghurt		Raw <input type="checkbox"/>
Ice cream		Unknown <input type="checkbox"/>
Butter		
Milk Feed		
Milk feed powder		
Orther		

FOOD SAMPLES

FOOD QUALITY <input type="checkbox"/> (TPC, Coliforms & <i>E.coli</i>)	Total aerobic count <input type="checkbox"/>	Coliform & <i>E.coli</i> count <input type="checkbox"/>	Yeast & Mould <input type="checkbox"/>
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FOOD POISONING	Full food poisoning panel (all tests) <input type="checkbox"/>	Total aerobic count <input type="checkbox"/>	Coliform & <i>E.coli</i> count <input type="checkbox"/>	Salmonella <input type="checkbox"/>	Shigella <input type="checkbox"/>	Campylobacter <input type="checkbox"/>
	Staphylococcus aureus <input type="checkbox"/>	Yeast & Mould <input type="checkbox"/>	Clostridium perfringens <input type="checkbox"/>	Bacillus cereus <input type="checkbox"/>	Listeria <input type="checkbox"/>	Yersinia <input type="checkbox"/>
	<i>E.coli</i> O15 <input type="checkbox"/>	Vibrio <input type="checkbox"/>				

INFORMATION REQUIRED FOR POSSIBLE OUTBREAK OF FOOD-BORNE PATHOGEN

Incubation period (time from ingestion to onset of symptoms)

Hours	<input type="text"/>
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Symptoms: Indicate the symptoms

Vomiting	
Nausea	
Diarrhoea	
Bloody Diarrhoea	
Watery diarrhoea (Rice water stool)	
Abdominal cramps	
Paralysis	

Note: All raw fish/seafood should be tested for the presence of *Vibrio* species

Where patients present with symptoms of paralysis, toxin testing should be considered.

ENVIRONMENTAL SAMPLES

Environmental swabs	Wet swab (Ringers) <input type="checkbox"/>	Dry swab <input type="checkbox"/>	
Test	Total aerobic count <input type="checkbox"/>	Coliform & <i>E. coli</i> count <input type="checkbox"/>	Pathogen: <input type="text"/>

Sterility testing <input type="checkbox"/>	Theate/cleanroom audit <input type="checkbox"/>	Air settle plate <input type="checkbox"/>
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