



Durban Public Health Laboratory
149 Prince Street. Phone 031 3276700 Fax 031 3371609
Practice No: 5200296

REQUEST FORM FOR PUBLIC HEALTH SAMPLES

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

Sample collection date:	
Collected by	
Delivered by (Name & signature)	

Sample temp on collection (Legionella testing only)	
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EPISODE No. (for Lab use)	Sample type (Description)	Client reference No.	COLLECTION Time	COLLECTION LOCATION (sample source)	(for Lab use)		
					Temp	Container/ Condition	Contents (W/UW)

Water Sample	POTABLE <input type="checkbox"/>	NON-POTABLE <input type="checkbox"/>	DIALYSIS <input type="checkbox"/>	MOORESWAB <input type="checkbox"/>	POOL <input type="checkbox"/>	Other tests:
Test	Total Bacterial Count <input type="checkbox"/>	Coliform/E.coli <input type="checkbox"/>	Faecal Coliforms <input type="checkbox"/>	Salmonella <input type="checkbox"/>	Cholera <input type="checkbox"/>	Legionella <input type="checkbox"/>

Milk /Dairy Sample	PASTEURISED <input type="checkbox"/>	RAW <input type="checkbox"/>	INFANT FORMULA <input type="checkbox"/>	MAAS <input type="checkbox"/>
Test	Total Aerobic Count <input type="checkbox"/>	Coliform/E.coli count <input type="checkbox"/>	Cultures <input type="checkbox"/> (please specify)	

Environmental swab	Wet swab (Ringers) <input type="checkbox"/>	Dry swab <input type="checkbox"/>
Test	Total Aerobic Count <input type="checkbox"/>	Coliform count <input type="checkbox"/> E. coli count <input type="checkbox"/> Other Tests.....

Food products	Total Aerobic Count <input type="checkbox"/>	Coliform count <input type="checkbox"/>	E. coli count <input type="checkbox"/>	Salmonella <input type="checkbox"/>	Campylobacter <input type="checkbox"/>
Test	Yeast/Mould count <input type="checkbox"/>	Shigella <input type="checkbox"/>	Coagulase positive Staph <input type="checkbox"/>	Clostridium perfringens <input type="checkbox"/>	Bacillus cereus <input type="checkbox"/> Other tests:

Sterility testing <input type="checkbox"/>	Target Organism <input type="checkbox"/>
Air settle plates <input type="checkbox"/>	Blood plate <input type="checkbox"/> SAB plate <input type="checkbox"/>

SENDER'S DETAILS		
Name:	Company:	Couriered by:
Contact No:	Phone/cell:	E-mail:

FOR LAB USE: NOTES

In the event of a dispute concerning this Record Sheet, the electronic version will be deemed to be the correct version
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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)

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

Indicate the following:

Treated	
Pasteurized	
Raw	
Unknown	

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 2 °C and 8 °C if not received by lab within 4 hours of sample being taken.
- <24 hours old

For Legionella:

- Sample must be kept between 2 °C and 8 °C and not be more than 2 days old

Moore swab 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.
- If temperature on arrival is 2 to 8 °C.
- Sample >48 hours old.
- Sample in a sour state.

Environmental swabs in Ringers

The following environmental swabs will be rejected

- Wet Swabs which are received >24 hours after collection
- Wet Swabs which are not kept at 1 °C – 4 °C after collection.

Samples for Sterility testing

Will be rejected if received after 48 hours

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 $\pm 2^{\circ}\text{C} - 8^{\circ}\text{C}$.
- Samples >24 hours after collection
- Sample in an unsterile container may be rejected.
- Insufficient volume for the test requested.
- Sample in an unsatisfactory condition.