

STATE OF IDAHO BUREAU OF LABORATORIES  
2220 OLD PENITENTIARY ROAD  
BOISE, IDAHO 83712-8299  
(208) 334-2235



***Clostridium botulinum* Toxin  
Requisition**

Approval of testing by Idaho State Epidemiologist (required)  Yes  No  
\*Contact State Epidemiologist at (208)334-5939  
for approval of testing prior to submission

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Patient Identification Number \_\_\_\_\_ Sex:  M  F

Zip Code or County of Residence \_\_\_\_\_

Physician \_\_\_\_\_ Phone number \_\_\_\_\_

Source:  Stool (25 - 50 grams)  Serum (adults only, 10 - 20 ml)  Other \_\_\_\_\_

Date of Collection \_\_\_\_\_

**\*Transport on ice ASAP\***

**Send report to:**

Facility \_\_\_\_\_

Attention \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

**Send copy to:**

Facility \_\_\_\_\_

Attention \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

For State Lab Use Only	
State Epi Approval:	Contact WA DOH Lab:
Date Shipped:	Preliminary Report Received:
	Final Report Received: