



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

Shiga toxin-producing *E. coli* Test Request Form

Patient Name _____ Date of Birth _____

Patient Identification Number _____ Sex: M F

City and County of Residence _____

Source: Stool Other _____ Date of Collection _____

Symptoms:

- Watery diarrhea
- Bloody stool
- Abdominal cramping
- HUS (Hemolytic Uremic Syndrome)
- Other: _____

Organisms Tested For:

- E. coli* O157
- Salmonella*
- Shigella*
- Campylobacter*
- Other: _____

Culture Results / Pathogens Isolated _____

Send report to:

Facility _____
Attention _____
Address _____
City/State/Zip _____
Phone _____

Send copy to:

Facility _____
Attention _____
Address _____
City/State/Zip _____
Phone _____