

EXTENDED BACTERIAL STOOL CULTURE HISTORY FORM

Apply Accession Label

For Lab Use Only

Patient Full Name (first and last):	<u>Please note:</u> All routine requests for stool culture/enteric bacterial pathogens are screened for Shiga toxin-producing <i>Escherichia coli</i> (STEC), <i>Campylobacter</i> , <i>Salmonella</i> and <i>Shigella</i> species. Testing for additional bacterial pathogens (<i>Yersinia</i> , <i>Vibrio</i> , and <i>Plesiomonas</i> spp.) will only be performed if appropriate clinical, exposure or travel history is provided below.
PHN #, RHRN #, or unique identifier #:	
Ordering Physician:	

Ordering Physician must complete History Sections below.

For outbreak or public health investigations use appropriate Public Health Laboratories (formerly ProvLab) test request and/or requisition.

Onset of Symptoms: YYYY / MMM / DD	Specific Bacterial Pathogen Suspected:
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Antibiotics: No Yes If yes, specify:

CLINICAL/EXPOSURE HISTORY <small>(check all that apply)</small>	TRAVEL HISTORY	
<input type="checkbox"/> Prolonged diarrhea (> 7days) Specify duration:	Relevant Travel in the last month. <input type="checkbox"/> No <input type="checkbox"/> Yes If yes; MUST complete section below	
<input type="checkbox"/> Diarrhea refractory to treatment	Countries visited: <small>(For Canada and US include Province/State)</small>	Date:
<input type="checkbox"/> Severe diarrhea requiring hospitalization		
<input type="checkbox"/> Immunocompromised Specify:		
<input type="checkbox"/> Consumption of raw shellfish Specify:		

Other Clinical History/Information:	<div style="background-color: #e0e0e0; padding: 5px; text-align: center;"> For Laboratory Use Only: </div> <p>Completed history form received:</p> <ul style="list-style-type: none"> Order M STOOL Enter Order Note: HXFM (History Form Received) Reprint Accession Label and Apply to the Form <p style="text-align: center;">Microbiology adds additional plates as required.</p> <hr/> <p style="text-align: center;">Questions? Call the Laboratory Information Centre at 403-770-3600</p>
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