

Infant Botulism Diagnostic Testing Specimen Submission Form

California Department of Public Health – Infant Botulism Program Laboratory

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CLIA ID Number: 05D0982600

CDPH Accession
Number Label Here Only

Submit Specimens to:
CDPH – Infant Botulism Laboratory
850 Marina Bay Parkway
Specimen Receiving, B106
Richmond, CA 94804
Ph: 510-231-7600

Important: This form must be completed when submitting specimens to CDPH for infant botulism diagnostic testing and is for patients hospitalized in the State of California only. Complete all fields and submit this form with the specimen; incomplete forms may delay testing. A final report will be sent to the submitting laboratory once all testing is complete.

Patient Information

Last Name	First Name	Middle Initial	Sex	Date of Birth	Pregnant*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medical Record Number	Date of Illness Onset	Race	Ethnicity		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

*Pregnancy information is required to be collected for all reportable infectious disease testing, even though it may not be biologically relevant.

Tests ordered: Mouse bioassay for botulinum neurotoxin and anaerobic fecal culture for botulinum neurotoxin producing species of *Clostridium*

Specimen Type	Hospital Lab Accession Number	Collection Date	Collection Time
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ordering Physician	Person Completing Form	Notes / Comments	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Name and Address of Submitting Laboratory	Laboratory Phone Number	Laboratory Fax Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Remit Final Report To	<input type="text"/>	