

Infant Botulism Diagnostic Testing Specimen Submission Form

California Department of Public Health - Infant Botulism Treatment and Prevention Program Laboratory

Laboratory Director: Stephen S. Arnon, MD, MPH

CLIA ID Number: 05D0982600

Submit Specimens to:

California Department of Public Health

Infant Botulism Laboratory

850 Marina Bay Parkway, Room B106

Richmond, CA 94804

Ph: 510-231-7600

State Accession Label Here

Please note: This form is to be used for submitting specimens collected from patients hospitalized in California for infant botulism diagnostic testing only. All other states must follow specimen submission guidelines as specified by their respective state public health agency. Complete all fields; incomplete forms may delay testing.

Patient Information

Last Name

First Name

Medical Record Number

Sex

Date of Birth

Specimen Collection Information

Tests: Detection of botulinum neurotoxin and culture for neurotoxicogenic *Clostridium* species

Specimen Type

Submitter Specimen Accession Number

Collection Time

Collection Date

Name of Ordering Physician

Name of Person Completing Form

Name and Address of Submitting Laboratory

Phone Number of Submitting Laboratory

Remit Final Report To