



CA CERTIFIED PUBLIC HEALTH LAB #335637
CLIA #05D1066369

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC HEALTH

PUBLIC HEALTH LABORATORY
12750 ERICKSON AVENUE
DOWNEY, CA 90242
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GI OUTBREAK INVESTIGATION FORM

INITIAL or UPDATED

(Please select one)

REQUESTING SUBMITTER:		REQUESTING PHYSICIAN (NAME AND PHONE):		REQUEST DATE (DD/MM/YYYY):				
SUBMITTER CONTACT INFORMATION (NAME AND PHONE NUMBER):		LOCATION / INSTITUTION OF OUTBREAK (NAME AND ADDRESS):						
NUMBER AT RISK: _____ TOTAL NUMBER OF CLINICAL CASES: _____ NUMBER OF CASES HOSPITALIZED: _____ NUMBER OF CASES WHO DIED: _____ TOTAL NUMBER OF CASES TESTED: _____ LAB CONFIRMED: _____		OUTBREAK / INVESTIGATION # _____ IS THIS AN URGENT REQUEST? <input type="checkbox"/> YES <input type="checkbox"/> NO SPECIMENS PREVIOUSLY TESTED FOR: <input type="checkbox"/> OVA / PARASITES <input type="checkbox"/> BACTERIAL DIARRHEAL PATHOGENS		INSTITUTION SETTING: <input type="checkbox"/> LONG TERM CARE <input type="checkbox"/> CRUISE SHIP <input type="checkbox"/> RESTAURANT / CATERING <input type="checkbox"/> JAIL <input type="checkbox"/> HOSPITAL <input type="checkbox"/> SCHOOL/CAMP <input type="checkbox"/> OTHER (SPECIFY) _____				
DATE OF FIRST CASE (DD/MM/YYYY):		SUSPECTED SOURCE:						
DATE OF LAST CASE (DD/MM/YYYY):		<input type="checkbox"/> FOOD-BORNE <input type="checkbox"/> IMPORTED/TRAVEL <input type="checkbox"/> PERSON-TO-PERSON <input type="checkbox"/> WATER-BORNE <input type="checkbox"/> UNKNOWN						
HAS A SOURCE FOR THE OUTBREAK BEEN IDENTIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST: _____ ANY ADDITIONAL INFORMATION AVAILABLE: _____				PATHOGEN: _____ <input type="checkbox"/> SUSPECTED <input type="checkbox"/> CONFIRMED <input type="checkbox"/> UNKNOWN				
LINE LIST OF SAMPLES BEING SUBMITTED FOR TESTING RELATED TO THIS OUTBREAK (This line list does not replace individual test request forms required for each sample)							FOR LAB USE ONLY	
SYMPTOMATIC* (YES/NO)	ONSET DATE	PATIENT NAME (LAST, FIRST)	ID/MRN #	DOB	SEX	COLLECT DATE	Accession #	Result
FOR LAB USE ONLY								
ADDITIONAL TESTING NOTES:								

* LAB DIRECTOR CONSULTATION AND APPROVAL REQUIRED IF PATIENT(S) ASYMPTOMATIC

