

NEPSS Number

NEPSS: ENTERIC PATHOGENS: Environment and Water SUBMITTING LABORATORY

NEPSS Laboratory Code _____ Address _____ Postcode _____

Isolated from (Description) _____

Sample Site & Locality _____ Postcode _____

Date of Sampling ___/___/___ Your Lab No. _____ Your Provisional ID (Salm etc.) _____

<input type="checkbox"/> Please tick <input checked="" type="checkbox"/>		Water	Premises/Equipment	Sundry	Reason for Sampling		
Drinking	<input type="checkbox"/> D	Kitchen	<input type="checkbox"/> K	Earth/Soil	<input type="checkbox"/> E	Routine Screen	<input type="checkbox"/> R
Natural	<input type="checkbox"/> N	Retailer	<input type="checkbox"/> R	Dust/Sweepings	<input type="checkbox"/> F	Special Survey	<input type="checkbox"/> U
Recreational	<input type="checkbox"/> R	Factory	<input type="checkbox"/> F	Litter/Bedding	<input type="checkbox"/> L	Outbreak of Disease	<input type="checkbox"/> O
Agricultural	<input type="checkbox"/> A	Abattoir	<input type="checkbox"/> A	Animal Detritus	<input type="checkbox"/> D		
Seawater	<input type="checkbox"/> S	Animal Rearing	<input type="checkbox"/> B	Process Scraps	<input type="checkbox"/> S		
Raw Effluent	<input type="checkbox"/> E	Treatment Plant	<input type="checkbox"/> T	Garbage	<input type="checkbox"/> G		
Treated Effluent	<input type="checkbox"/> T	Health Institution	<input type="checkbox"/> H	Equipment Swab	<input type="checkbox"/> Q		
Other -	<input type="checkbox"/> O	Other -	<input type="checkbox"/> O	Other -	<input type="checkbox"/> O		
Specify _____		Specify _____		Specify _____			

NOTES (circumstances of isolation, associated outbreak or special survey) _____

TYPING LABORATORY ONLY

Typing Lab. No. _____ Date Rec'd ___/___/___ Organism Code

Name of Organism _____ Antibiotic Sensitivity

NEPSS ONLY

	Incident	Subspecies	Intro.	Description	Geog. Survey
KEYWORD	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

PROVISIONAL I.D.

Results of Biochemistry/Serology.

ONPG

INDOLE

MANNITOL

UREA

H₂S

GLUCOSE

LACTOSE

SUCROSE

SALICIN

LYSINE

O ANTIGENS

H ANTIGENS

RESULT