

NEPSS Number

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NEPSS: ENTERIC PATHOGENS: Human SUBMITTING LABORATORY

FM110

Laboratory Name/NEPSS Code _____
 Laboratory Address _____ Postcode _____
 Patient Surname _____ Given Name _____ Sex ____ Date of Birth ____/____/____ or Age ____
 Patient Address _____ Postcode _____
 Site from which isolated (eg. faeces, blood) _____ Your Provisional ID (Salm etc.) _____
 Date of isolation ____/____/____ Date of collection ____/____/____ Your Lab No. _____

Please tick

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|--------------------------|--|----------------------|--|----------------------------|--|---|--|
| Case Presentation | | Clinical | | | | | |
| Symptomatic | <table border="1"><tr><td>S</td><td></td></tr></table> | S | | Gastro/Diarrhoea | <table border="1"><tr><td>G</td><td></td></tr></table> | G | |
| S | | | | | | | |
| G | | | | | | | |
| Asymptomatic | <table border="1"><tr><td>A</td><td></td></tr></table> | A | | Bacteraemia | <table border="1"><tr><td>B</td><td></td></tr></table> | B | |
| A | | | | | | | |
| B | | | | | | | |
| Symptoms Not Known | <table border="1"><tr><td>N</td><td></td></tr></table> | N | | Chronic Carrier | <table border="1"><tr><td>C</td><td></td></tr></table> | C | |
| N | | | | | | | |
| C | | | | | | | |
| Follow up | <table border="1"><tr><td>F</td><td></td></tr></table> | F | | } Other - Specify _____ | <table border="1"><tr><td>O</td><td></td></tr></table> | O | |
| F | | | | | | | |
| O | | | | | | | |
| | | | | | | | |
| | | Survey | <table border="1"><tr><td>U</td><td></td></tr></table> | U | | | |
| U | | | | | | | |
| | | Routine on admission | <table border="1"><tr><td>R</td><td></td></tr></table> | R | | | |
| R | | | | | | | |
| | | Acquired Overseas | <table border="1"><tr><td>O</td><td></td></tr></table> | O | | | |
| O | | | | | | | |
| | | Part of Epidemic | <table border="1"><tr><td>E</td><td></td></tr></table> | E | | | |
| E | | | | | | | |

NOTES on circumstances of isolation including details of interstate or overseas travel _____

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|------------------------|---------------------------|-------------------------------|
| Typing Lab. No.1 _____ | Date Rec'd ____/____/____ | TYPING LABORATORY ONLY |
| Typing Lab. No.2 _____ | Date Rec'd ____/____/____ | |
| Name of Organism _____ | | |

Organism Code

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Antibiotic Sensitivity

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| KEYWORD | Incident <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | Subspecies <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | Clinical <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | Site <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | Further Epidemiology <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | Geog. <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | |
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PROVISIONAL I.D.
Results of Biochemistry/Serology

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INDOLE
MANNITOL
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H₂S
GLUCOSE
LACTOSE
SUCROSE
SALICIN
LYSINE
O ANTIGENS
H ANTIGENS

RESULT