

Shiga Toxin or Toxin Gene Report Form		Survey no.
Laboratory Name:		Laboratory no:
Name (please print):	Date Received:	Date Reported:

Instructions:

1. Please ensure that the package you received contains 3 simulated samples 1, 2, and 3 for Shiga Toxin testing. *If your package does not contain 3 samples, contact CMPT as soon as possible.*
2. Samples are stable for 14 days from the date of shipment. Please process the samples as soon as possible and report the results before the due date (see the package cover letter for the due date).
3. Process the simulated sample as per your normal laboratory protocol for Shiga Toxin or Toxin Gene testing.
4. Indicate below if the simulated sample is **negative** or **positive** or **indeterminate** for Shiga Toxin or Toxin Gene testing.
5. The samples can be tested using **toxin assay, molecular/PCR and/or culture methods**. Please include any comments or additional information in the box below, if applicable.
6. If you have any questions or require clarification, please contact CMPT.

Please submit results by electronically, via www.cmpt.ca, e-mail (cmpt.path@ubc.ca) or by fax (1-866-580-2678 or 604-827-1338) by the due date (see the cover letter). Preliminary results will be posted on the web, www.cmpt.ca 2 days after the due date - reports will not be accepted after this date.

Specimen no.	Shiga Toxin or Toxin Gene Test Results	Method (s): please specify
1	<input type="checkbox"/> negative <input type="checkbox"/> positive <input type="checkbox"/> indeterminate (please explain)	
2	<input type="checkbox"/> negative <input type="checkbox"/> positive <input type="checkbox"/> indeterminate (please explain)	
3	<input type="checkbox"/> negative <input type="checkbox"/> positive <input type="checkbox"/> indeterminate (please explain)	

Comments/Additional Information: (if applicable)