BULK STOOL FOR NOROVIRUS VIRAL ASSAY
SUBMISSION SPREADSHEET

PLEASE SHIP IN THE NEXT POSSIBLE DHL SHIPMENT, MONDAY-THURSDAY
DO NOT SHIP ON FRIDAYS

Name of Outbreak:_____Outbreak #: _____-____-_____

Location of outbreak:(city)_____ (County)_____

Local health department contact person:_____Name of Health Dept:_____

FAX number:_____ telephone number:_____

(Please note if patient is a foodhandler)

No.	Patient's Name (Last, First)	age	sex	ODH Lab # (*)	Date & time of onset	Date & time of collection	Date sent to ODH	Circle the symptoms reported by the patient**
1								D__; V__; N; Cr; Ch; HA; Fe___; LW; LNF; F
2								D__; V__; N; Cr; Ch; HA; Fe___; LW; LNF; F
3								D__; V__; N; Cr; Ch; HA; Fe___; LW; LNF; F
4								D__; V__; N; Cr; Ch; HA; Fe___; LW; LNF; F
5								D__; V__; N; Cr; Ch; HA; Fe___; LW; LNF; F
6								D__; V__; N; Cr; Ch; HA; Fe___; LW; LNF; F
7								D__; V__; N; Cr; Ch; HA; Fe___; LW; LNF; F
8								D__; V__; N; Cr; Ch; HA; Fe___; LW; LNF; F
9								D__; V__; N; Cr; Ch; HA; Fe___; LW; LNF; F
10								D__; V__; N; Cr; Ch; HA; Fe___; LW; LNF; F
11								D__; V__; N; Cr; Ch; HA; Fe___; LW; LNF; F
12								D__; V__; N; Cr; Ch; HA; Fe___; LW; LNF; F

* ODH Lab to fill this in.
**Circle the symptoms which the patient reported, and fill in as indicated: D=diarrhea, & max# episodes in a 24 hr period; V=vomiting, & max # of episodes in a 24 hr period; N=nausea; Cr=cramps; Ch=chills; HA=headache; Fe=fever: note max temp.

Please circle: consistency of stool sample: LW (liquid/watery), LNF (loose/non-formed) or F (formed)

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