



Laboratory Request Performa for *Escherichia coli* and *Salmonella* Serotyping

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Sender's Details

Name of requesting Officer: _____

Designation: _____

Name and Address of requesting Institute: _____

Reference No. _____

Isolate No. _____

Contact Details

Landline: _____

Mobile: _____

Fax _____

E-mail ID _____

Purpose of serotyping

Research Project Outbreak Other _____

Source Details

Human <input type="checkbox"/>	Blood <input type="checkbox"/>
Animal <input type="checkbox"/>	Urine <input type="checkbox"/>
Food <input type="checkbox"/>	Feces <input type="checkbox"/>
Poultry <input type="checkbox"/>	Blood <input type="checkbox"/>
Environment <input type="checkbox"/>	Pus <input type="checkbox"/>
Water <input type="checkbox"/>	Body Fluid <input type="checkbox"/>
Other <input type="checkbox"/> Specify _____	

Sample Details

Date of isolation & Identification: _____

Transportation medium used: _____

Date of inoculation: _____

Date of transportation: _____

Preliminary identification: _____

Biotyping/ serotyping /Antimicrobial Susceptibility testing details

Catalase	Oxidase	Motility	Glucose	lactose	Indole	MR	VP	Citrate	TSI	Urease	Nitrate	Other
Ampicillin	Chloramphenicol	Co-trimoxazole	Tetracycline	Gentamicin	Amikacin	Nitrofurantoin	Nalidixic acid	Norfloxacin				
Ciprofloxacin	Cefuroxime	Cefotetan	Cefoxitin	Cefotaxime	Ceftazidime	Cefepime	Ticarcillin/Clavulanic acid	Piperacillin/Tazobactam				
Aztreonam	Imipenem	Meropenem	Ertapenem	Others								
Preliminary serology (if done)												
Details of molecular method (if done)												

Clinical Details

Clinical History and presenting symptoms	
Physical examination findings	
Investigation/ Lab findings	
Treatment	

- # Free of cost testing
- # Performa should be completed in all respects and no column should remain blank.
- # One form should be filled for each isolate.
- # Form should be accompanied with a covering letter.
- # Samples should be packed in triple layer packaging with appropriate labelling.

Signature with Seal