

### Intended Audience

The intended audience of this message is laboratorians and laboratory supervisors responsible for clinical specimen submission to the State Hygienic Laboratory.

### Purpose of this Message

To ensure that individuals responsible for completing Clinical Test Request Forms are aware of changes to SHL’s Bacteriology Test Request Form.

### Background

In response to the addition of *Cronobacter* in infants to the Iowa Reportable Disease List, SHL has added *Cronobacter* to the Bacteriology Test Request Form, under ‘Bacterial Isolate for Serotyping’. Additionally, SHL has made changes to the Reference Isolate Identification section, including a request for a copy of previous lab results, and the addition of ‘CO<sub>2</sub>’ as an atmospheric requirement. See highlighted changes below.

TEST(S) REQUESTED	
<p><b>Required Testing per Iowa Administrative Code</b></p> <p><input type="checkbox"/> Culture independent diagnostic test (PCR or EIA positive stool)*</p> <p><input type="checkbox"/> STEC    <input type="checkbox"/> <i>Shigella</i>    <input type="checkbox"/> <i>Salmonella</i>    <input type="checkbox"/> <i>Vibrio</i></p> <p>CIDT Result: _____</p> <p><input type="checkbox"/> Bacterial Isolate for Serotyping</p> <p><input type="checkbox"/> STEC    <input type="checkbox"/> <i>Shigella</i>    <input type="checkbox"/> <i>Salmonella</i>    <input type="checkbox"/> <i>H. influenzae</i></p> <p><input type="checkbox"/> <i>Listeria</i>    <input type="checkbox"/> <b><i>Cronobacter</i></b>    <input type="checkbox"/> <i>N. meningitidis</i>    <input type="checkbox"/> <i>S. pneumoniae</i></p> <p><b>Enterics</b></p> <p><input type="checkbox"/> Enteric Pathogen culture (includes <i>Salmonella</i>, <i>Shigella</i>, <i>Campylobacter</i>, <i>E. coli</i> 0157, <i>Yersinia</i>, <i>Aeromonas</i>, Shiga Toxin screen)*</p> <p><input type="checkbox"/> <i>Campylobacter</i> confirmation culture*</p> <p><input type="checkbox"/> <i>Vibrio</i> culture (Please call 319/335-4335 in advance.)*</p> <p><input type="checkbox"/> <i>Yersinia</i> culture*</p>	<p><b>Bacteriology</b></p> <p><input type="checkbox"/> <i>Legionella</i> culture</p> <p><input type="checkbox"/> <i>Legionella pneumophila</i> PCR</p> <p><input type="checkbox"/> Reference Isolate Identification (include a copy of previous test results)</p> <p>Gram stain morphology: _____</p> <p>Atmospheric req:    <input type="checkbox"/> Aerobic    <input type="checkbox"/> Anaerobic    <input type="checkbox"/> Microaerophilic</p> <p><input type="checkbox"/> CO<sub>2</sub></p> <p>Organism suspected: _____</p> <p><b>Miscellaneous Pathogens Culture</b></p> <p><input type="checkbox"/> Specify: _____</p> <p><b>*Specimen Storage Conditions prior to shipping:</b></p> <p><input type="checkbox"/> Room Temperature    <input type="checkbox"/> Refrigerated</p>

### Action Item

Ensure that copies of old versions of the Bacteriology Test Request Form are destroyed and the updated, fillable form, available on the SHL website, is used for future submissions. Submit invasive *Cronobacter* species isolated from infants to SHL by marking ‘*Cronobacter*’ on the Bacteriology Test Request Form. When submitting an organism for Reference Identification, include a copy of previous lab results and mark the appropriate environmental conditions.