



Veterinary Laboratory Europe - FOODBORNE ILLNESS OUTBREAK INVESTIGATION DATA FORM

(complete form and submit with each batch of specimens shipped)

Contact Information for the investigating Veterinary or Preventive Medicine Service:

POC:

Telephone#

Email:

Address:

Location/activity/unit associated with the outbreak:

Date and time of onset of symptoms for first case:

Incubation period: Average:

Minimum

Maximum

Duration of illness: Average:

Minimum

Maximum

Total number of people with symptoms	
Of the total how many with: Cramps	
Nausea	
Fever	
Vomiting	
Diarrhea w/blood	
Diarrhea no blood	

Implicated food:

Place, date, time of food preparation;

Method of serving and holding food:

Storage place and temperature of food:

Food items incriminated:

Number of persons who ate the food

Number of persons who did not eat food

Food items incriminated:	Number of persons who ate the food	Number of persons who did not eat food

Medical treatment facility where patients were evaluated:

Laboratory results from locally examined specimens:

Type of specimen	Examined for	Result	Date