



ECUSTEC Stool Sample Result Form

TO BE COMPLETED FOLLOWING RECEIPT OF THE DAY 30 STOOL SAMPLE RESULT FROM PUBLIC HEALTH ENGLAND (P.H.E.)

Patient Details

 Trial Number:

Date of Birth: ___ / ___ / ___ (mon/yyyy)

Site Name:

Trial Investigator:

Date sample taken: (dd/mon/yyyy)

Date sample sent to PHE: dd/mon/yyyy)

VTEC Culture Result

 STEC identified

 No growth

 Other, please specify: _____

Once complete please forward this form to BCTU via fax (0121 415 9135) or email (ecustec@trials.bham.ac.uk).

DETAILS OF PERSON REPORTING

Signature of Person Reporting (you must have signed the site delegation log):

Name of Person Reporting:

Position:

Date Completed: (dd/mon/yyyy)

Signature of Principal Investigator

Date PI Signed: (dd/mon/yyyy)